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COVER LETTER

TO:

Registration Section **Division of Corporations**

America EB5 Visa LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kamaljit Shergill

Name of Person

Firm/Company

10976 Park Ridge Gotha Rd

Address

Windermere, FI 34786

City/State and Zip Code

motelguru@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamaljit Shergill

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee 🖘

\$130.00 Filing Fee & Certificate of Status

Certified Copy

□\$155.00 Filing Fee &

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame: Limited Liability	(Company is:	
The name of the	Limited Liability	Company is.	
America EB5 Visa LI	LC		
(Must end with the wor	ds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing add	ress and street add	dress of the principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
3535 W Colonial Dr		PO Box 585127	
Orlando, FL 32818		Orlandio, FL 32858	
	 		
•	Sunnandan Ohri	ddress of the registered agent are:	13 JAN 22
	9220 Hidden Bay	Ln Florida street address (P.O. Box NOT acceptable)	
	Orlando	10 102 succe address (1.0, Box 101 acceptable)	65 8 5
	Onando	FL 32013 City, State, and Zip	55 S
liability comp registered age all statutes rel	pany at the place on the and agree to ac lating to the prope obligations of my	d agent and to accept service of process for the designated in this certificate, I hereby accept it in this capacity. I further agree to comply were and complete performance of my duties, and position as registered agent as provided for a Agent's Signature (REQUIRED)	the appointment as with the provisions of ad I am familiar with

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

'MGR" = Manager 'MGRM" = Managing Memb	Name and Address:
MOMM - Managing Memic	
MGRM	Kuldeep Ohrl
	9220 Hidden Bay Ln
	Orlando, FL 32819
MGR	Sunnandan Ohri
_	9220 Hidden Bay Ln
	Orlando, FL 32819
MGR	Kamaljit Shergill
	10976 Park Ridge Gotha Rd
	Windermere, FI 34786
Use attachment if necessary)	
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of	than the date of filing: January 15th 2013 . (OPTION te must be specific and cannot be more than five businfiling.)
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of	than the date of filing: January 15th 2013 . (OPTION te must be specific and cannot be more than five businfiling.)
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of	than the date of filing: January 15th 2013 . (OPTION te must be specific and cannot be more than five businfiling.)
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of REQUIRED SIGNATURE:	than the date of filing: January 15th 2013 . (OPTION the must be specific and cannot be more than five busin filing.)
Tective date is listed, the date of 90 days after the date of SECULTED SIGNATURE. Signature of (In accordance with seconstitutes an affirma I am aware that any firm.)	than the date of filing: January 15th 2013 (OPTION te must be specific and cannot be more than five businfiling.)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)