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AND SEE, FLORID



(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

ECT. Shivaan Investments 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:

Saloni Bakarania

Name of Person

Shivaan Investments LLC

Firm/Company

112 Barrington Drive

Address

Brandon, FL 33511

City/State and Zip Code

Salonibakarania@gmail.com

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

For further information concerning this matter, please call:

Saloni Bakarania

..,813

436-0075

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee &
Certified Copy
(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 - Name: The name of the Limited Liability Company is:	ity Company, "L.L.C.," or "LLC.")	
Shivaan Investments LLC		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ADTICLE II. Address		
ARTICLE II - Address: The mailing address and street address of the pri	inginal office of the Limited Liability Company	
The manning address and street address of the pri	incipal office of the Elinited Elability Companyage	
Principal Office Address:	Mailing Address:	
112 Barrington Drive, Brandon, FL 33511	112 Barrington Drive, Brandon, FL 33511	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration and the Florida street address of the registration.	ered Agent. You must designate an individual or another	
Name		
112 Barrington Drive		
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
Brandon FL 33511	FL	
City, Sta	tte, and Zip	
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

	R" = Manager RM" = Managi	ng Member	Name and Address:
MGR			Saloni Bakarania
	<u> </u>		112 Barrington Drive, Brandon, FL 33511
			-
			, ———uneque

•	ittachment if n	• ·	
•		• ·	e date of filing: (OPTIONAL)
ICLE V:	Effective date	e, if other than the	e date of filing: (OPTIONAL) t be specific and cannot be more than five business of
ICLE V: effectiv to or 90	Effective date	e, if other than the ed, the date must e date of filing.)	e date of filing: (OPTIONAL) t be specific and cannot be more than five business of
ICLE V: effectiv to or 90	Effective date to liste days after the	e, if other than the ed, the date must e date of filing.)	e date of filing: (OPTIONAL) t be specific and cannot be more than five business of
ICLE V: effectiv to or 90	Effective date is listed days after the UIRED SIGN	e, if other than the ed, the date must e date of filing.) ATURE:	e date of filing: (OPTIONAL) t be specific and cannot be more than five business of the speci
ICLE V: effectiv to or 90	Effective date is lister days after the days after the UIRED SIGN Signature (In accordance on stitutes I am aware	e, if other than the ed, the date must e date of filing.) ATURE: gnature of a member ance with section 608 an affirmation under that any false inform	t be specific and cannot be more than five business of
ICLE V: effectiv to or 90	Effective date is lister days after the days after the UIRED SIGN Signature (In accordance constitutes I am aware constitutes	e, if other than the ed, the date must e date of filing.) ATURE: gnature of a member ance with section 608 an affirmation under that any false inform	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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