

L13000039060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

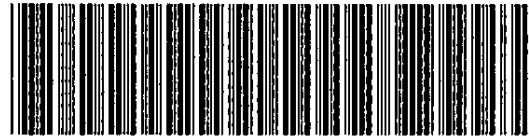
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR 14 2013

(850) 245-6051

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: U. S. SPARES, 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:

VINOD GULATI

Name of Person

U. S. SPARES, LLC

Firm/Company

3191 S.W. 11<sup>th</sup> ST, SUITE 300

Address

DEERFIELD BEACH, FLORIDA 33442

City/State and Zip Code

USSPARES@yahoo.com

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

For further information concerning this matter, please call:

VINOD GULATI

Name of Person

at ( 954 ) 698 0782

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2013

VINOD GULATI  
3191 S.W. 11TH STREET  
SUITE 300  
DEERFIELD BEACH, FL 33442

SUBJECT: U.S. SPARES, LLC  
Ref. Number: W13000012703

We have received your document for U.S. SPARES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 813A00005049



**BRINGING THE WORLD TO YOU**

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS,

P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314

12 MARCH, 2013

REF: U.S. SPARES, LLC

YOUR LETTER NUMBER: 813A00005049

THIS IS TO CERTIFY THE U.S. SPARES, INC. HAS NO OBJECTION TO THE FORMING OF THE ENTITY – U.S. SPARES, LLC.

I AM THE ONLY OFFICER OF U.S.SPARES, INC.

THE OFFICERS OF U.S. SPARES, LLC WILL BE –

- VINOD GULATI, MGR – 45 GLEASON STREET, APT 4, DELRAY BEACH, FL 33483
- YANHUA WANG, MGRM – 10174 BREEZEWAY PL., BOCA RATON, FL 33428
- SHAJI JOHNSON, MGRM – 7197 WINDY PRESERVE, LAKE WORTH, FL 33467

THE REGISTERED OFFICES OF U.S. SPARES, LLC WILL BE 3191 S.W. 11<sup>TH</sup> STREET, STE 300, DEERFIELD BEACH, FLORIDA 33442

  
VINOD GULATI

PRESIDENT, U.S. SPARES,, INC.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

U. S. SPARES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

3191 S.W. 11<sup>th</sup> ST, STE 300  
DEERFIELD BEACH,  
FLORIDA 33442

#### Mailing Address:

SAME

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

VINOD GULATI

Name

45 GLEASON STREET, UNIT 4

Florida street address (P.O. Box **NOT** acceptable)

DELRAY BEACH FL 33483

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

VINOD GULATI  
45 GLEASON STREET, UNIT D(4)  
DELRAY BEACH, FL 33442

MGRM

YANHUA WANG  
10174 BREEZEWAY PL  
BOCA RATON, FL 33428

MGRM

SHASI JOHNSON  
7197 WINDY PRESERVE  
LAKE WORTH, FLORIDA 33467

/

/

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

 VINOD GULATI  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

VINOD GULATI  
Typed or printed name of signee

**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)

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