

L13000095448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

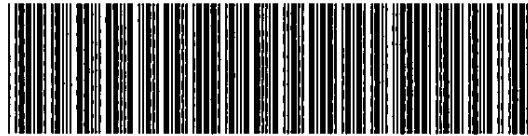
Special Instructions to Filing Officer:

JUL -3 2013

A. LUNT

W13-30342

Office Use Only



800247862488

05/17/13--01020--017 \*\*160.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL -2 PM 3:40

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2013

NIRU MENDPARA  
305 CLYDE MORRIS BLVD. SUITE #200  
ORMOND BEACH, FL 32174

SUBJECT: SARJU GROUP LLC.  
Ref. Number: W13000030342

We have received your document for SARJU GROUP LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 213A00013076

To:  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL-32314

From:  
Sarju Group LLC  
305 CYLDE MORRIS BLVD, SUITE # 200  
ORMOND BEACH, FL - 32174  
PH # 407-952-9403  
DATE: 07/01/2013

Sub: New Corporation Filling

Dear Agnes Lunt,

We filled for new corporation with Division of Corporations on 05/14/2013 but some how we forgot to sign proper new filling documents but our new filling fee check # 1043 and it is clear from my account as well . we are waiting for new filling registration # and we called Division of Corporations last week and we found out our documents was not properly filled and we got all documents back for correction but we never received so we are resubmitting documents and attached my new corporation filling fee check clear copy that we already paid.

If you have any question call us or e-mail.. [Rxgroupone@yahoo.com](mailto:Rxgroupone@yahoo.com) or 407-952-9403

Thank You.

Sarju group llc  
niru mendpara  
07/01/2013

TALLAHASSEE  
2013 JUL -2 PM  
FILED

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SARJU GROUP 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:

**MENDPARA NIRUBEN**

Name of Person

**SARJU GROUP LLC**

Firm/Company

**305 CLYDE MORRIS BLVD, SUITE # 200**

Address

**ORMOND BEACH, FLORIDA - 32174**

City/State and Zip Code

**rxgroupone@yahoo.com**

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

For further information concerning this matter, please call:

**MENDPARA NIRUBEN** at **407 952-9403**

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

2013 JUL -2 PM 3:48  
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CORPORATIONS  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SARJU GROUP 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:

305 CLYDE MORRIS BLVD  
SUITE # 200  
ORMOND BEACH, FL - 32174

#### Mailing Address:

305 CLYDE MORRIS BLVD  
SUITE # 200  
ORMOND BEACH, FL - 32174

### 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:

MENDPARA NIRUBEN

Name

305 CLYDE MORRIS BLVD, SUITE # 200

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

ORLANDO, FL 32819

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..*

*Minda Mendpara*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

MENDPARA NIRUBEN

305 CLYDE MORRIS BLVD , SUITE # 200

ORMOND BEACH, FL - 32174

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/01/2013 . (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:**

*Niruben Mendpara*

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.)

MENDPARA NIRUBEN

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)**