

L13 006152741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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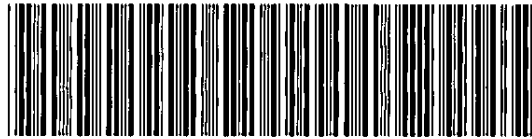
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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13 OCT 30 AM 9:58
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TALLAHASSEE, FLORIDA

APPROVED
FILED

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Deccan Foods 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:

Ramchandra R Goly
Name of Person

Deccan Foods LLC
Firm/Company

3245 Dunleith Ln
Address

Tallahassee, FL 32311
City/State and Zip Code

persistallahassee@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramchandra Goly at (850) 339-6331
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

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TALLAHASSEE, FL 32301
SECTION OF
CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Deccan Foods 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:

3245 Dunleith Ln
Tallahassee FL 32311

Mailing Address:

3245 Dunleith Ln
Tallahassee FL 32311

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:

Ramchandva Goly

Name

3245 Dunleith Ln

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

Tallahassee FL 32311

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..

G. Goly

Registered Agent's Signature (REQUIRED)

(CONTINUED)

13 OCT 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

Ramchandra Goly
3245 Dunleith Ln
Tallahassee FL 32311

MGRM

Vijay Pottigari
7067 Shady Grove Way
Tallahassee FL 32312

MGRM

Hemalatha Reddy
123 Sugar Plum Dr
Tallahassee FL 32312

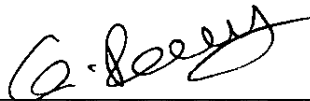
MGRM

Anil Davidi
1767 Hermitage Blvd
Tallahassee FL 32308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~10/23/2013~~ (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:



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.)

Ramchandra Goly

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

Karamati Butchi Reddy
8130 Viburnum Ct
Tallahassee FL 32312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~10/22/2013~~ (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:

G. Reddy
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.)

Ramchandra Gouy
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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