

L140000 20230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

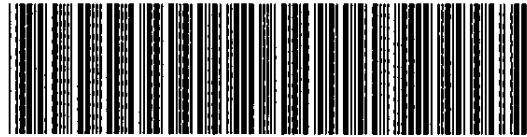
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB -4 PM 10:44
FILING OFFICE
JANUARY 14 2014

J. Shivers FEB 06 2014

7571

INNODEA LLC
AMIT PATEL
31100 Mandolin Cay Ave
Wesley Chapel FL 33543

RECEIVED
14 JAN -3 PM 2:45
JULIA A. HILL, CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations
Amendment Section
PO BOX 6327
Tallahassee, FL 32314

Re: Document #:L12000024853
INNODEA LLC

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, INNODEA LLC, therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my accountant, Harsha Patel at (813) 817-5402.

Sincerely,

A handwritten signature in black ink, appearing to be 'Amit Patel', written over a horizontal line.

Amit Patel

MGRM
INNODEA LLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

AMIT PATEL
31100 MANDOLIN CAY AVE
WESLEY CHAPEL, FL 33543

SUBJECT: INNODEA LLC
Ref. Number: W14000001603

We have received your document for INNODEA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the *Revised Limited Liability Company Act, Chapter 605, Florida Statutes*.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00000567

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNODEA 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:

31100 MANDOLIN CAY AVE
WESLEY CHAPEL
FL 33543

Mailing Address:

31100 MANDOLIN CAY AVE
WESLEY CHAPEL
FL 33543

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:

HARSHA PATEL

Name

31100 MANDOLIN CAY AVE

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

WESLEY CHAPLE FL 33543

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)

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

AMIT PATEL

31100 MANDOLIN CAY AVE

WESLEY CHAPEL FL 33543

MGRM

SUNNY PATEL

31100 MANDOLI CAY AVE

WESLEY CHAPEL FL 33543

(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:



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.)

AMIT PATEL

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)