Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000047762 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

2851

From:

Account Name ; ARNOLD MATHENY & EAGAN, P.A.

Account Number : I20000000141 Phone : (407)841-1550 : (407)841-8746 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

FLORIDA LIMITED LIABILITY CO. RJ PRANA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section
Division of Corporations

RJ PRANA INVESTMENTS LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

, in annual transfer and annual and rea(a)	are ductioned for 111mb.
Please return all correspondence concerning this	matter to the following:
Lehn E. Abrams	
	Name of Person
Arnold, Matheny	& Eagan, P.A.
	Firm/Company
605 E. Robinson	Street, Suite 730
	Address
Orlando, FL 3280	01
	City/State and Zip Code
labrams@ameorl.com	A. L. S. F. F.
	(to be used for future annual report notification)
For further information concerning this matter, p	icase call:
Lehn Abrams	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301





March 3, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

ARNOLD MATHENY & EAGAN, P.A.

SUBJECT: RJ PRANA INVESTMENTS LLC

REF: W14000012717

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Manager and AMBR names are not legible.

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 FAX Aud. #: B14000047762 Letter Number: 714A00004349

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name;	
The name of the Limited Liability Company is:	
RJ PRANA INVESTMENTS 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 pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timepar Office Addition.	Manife Addition
720 Broadoak Loop	720 Broadoak Loop
Senford, FL 32771	Senford, FL 32771
	
ARTICLE M - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re-	s its own Registered Agent. You must designate an individual or gestional or gestion.)
AM&E Services LLC	
	Name
605 E. Robinson Street, Suite 7:	30 五公 三
Florida street address (1	P.O. Box NOT acceptable)
Uriando	FL 32801
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

lebn E. Alrans

(CONTINUED)

Page 1 of 2

1 6 6

ABR" = Authorized Member BR" = Manager	Name and Address:
ł	- JAYSHRI NIKHTI, DESAT
	720 Broadoak Loop
	Sanford, FL 32771
PR .	RAKESH CHUNILAL PARBHU
	7820 Breadonk Loop
	Sanford, FL 32771
o date is listed, the date must be speci	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days afte
e date is listed, the date must be speci ing.) I: Other provisions, if any.	
o date is listed, the date must be speci ing.)	
o date is listed, the date must be speci- ling.) I: Other provisions, if any. OUIRED SIGNATURE: Signature of a mem (In accordance with section 60 constitutes an affirmation and I am aware that any false info	