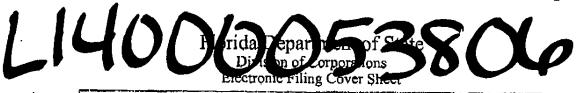
Division of Corporations

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To:

Effective Date 3/27/14

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

: (727)442-1200 Phone

Fax Number : (727)443-5829

**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. NEHARAVIRAJ, L.L.C.

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Estimated Charge	\$125.00

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Corporate Filing Menu

Help

Effective Date 3/27/14

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
NEHARAVIRAJ. L.L.C.	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal		
Principal Office Address:	Mailing Address:	
1620 NORTH SHORE DRIVE NE ST. PETERSBURG, FL 33704	1620 NORTH SHORE DRIVE NE ST. PETERSBURG, FL 33704	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrati	n Registered Agent, You must designate an individual or	
The name and the Florida street address of the registere	d agent are:	
ALAN 6. GASSMAN, ESQUIRE Name		
1245 COURT STREET, SUITE 102 Florida street address (P.O. Box NOT acceptable)		
CLEARWATER City	FL 33756 Zip	
	ervice of process for the above stated limited liability compa pt the appoinment as registered agent and agree to act in t	

any at 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)

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person authority	prized to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Name and Address:		
	RAMILABEN V. PATEL 1620 NORTH SHORE DRIVE NE ST. PETERSBURG, FL 33704		
			
(Use attachment If necessary)			
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specified the date of filting.)	filing: MARCH 27, 2014 (OPTIONAL) The and cannot be more than five business days prior to or 90 days after		
ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·		
REQUIRED SIGNATURE:	L,		
(In accordance with section 605.0 constitutes an affirmation under the	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The submitted in a document to the Department of State is provided for in s.817.155, F.S.)		

ALAN S. GASSMAN, AS AUTHORIZED REPRESENTATIVE
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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