

L14000064911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

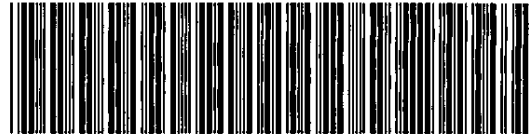
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 22 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2014

KALRA BIHARI
85 HURON AVE
TAMPA, FL 33606

SUBJECT: PALMETTO BEACH HOMES LLC
Ref. Number: W14000017869

We have received your document for PALMETTO BEACH HOMES LLC and your check(s) totaling \$125.00. 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 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 114A00006030

Bihari Kalra
85 Huron Avenue
Tampa, FL 33606

Certified Mail:

To:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Release of Entity Name

RE: PALMETTO BEACH HOMES LLC, L10000001653


Dear Officer:

This is to state that I, Bihari Kalra, undersigned state that I am not going to reinstate

'PALMETTO BEACH HOMES LLC and

I am releasing its name – PALMETTO BEACH HOMES LLC

Yours Sincerely,


(Bihari Kalra, Manager)

STATE OF Florida, COUNTY OF Hillsborough

I hereby Certify that on this day, before me, an officer-duly authorized to administer oaths and take acknowledgments, personally appeared known to me to be the person Bihari Kalra described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same, and an oath was taken. (Check one :)

☐ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification:

Drivers License No. _____

Witness my hand and official seal in the County and State last aforesaid this _____ day of March 2014

Notary Signature

Notary Seal

Printed Name

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palmetto Beach Homes 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:

85 Huron Ave
Tampa, Florida 33606

Mailing Address:

85 Huron Ave
Tampa, Florida 33606

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:

Kalra Bihari
Name

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

Tampa FL 33606
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..

Bnkakra
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kalra Bihari

85 Huron Ave

Tampa, Florida 33606

AMBR

Kalra Minnea

85 Huron Ave

Tampa, Florida 33606

AMBR

Kalra Vivek

85 Huron Ave

Tampa, Florida 33606

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Kalra Bihari

Biy Kalra
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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