

L14000 105 6/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

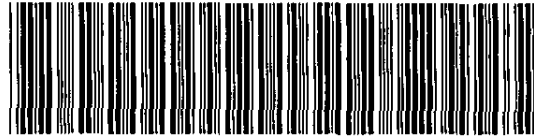
(Document Number)

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2014 JUL -2 PM 4: 13

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DEPARTMENT OF STATE  
JUL 03 2014

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL -2 PM 4: 21

FILED

EFFECTIVE DATE

*7/1/14*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 127 Miracle Strip, LLC.  
Name of Limited Liability Company

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14 JUL -2 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

AMIR PATEL

Name of Person

127 Miracle Strip, LLC.

Firm/Company

1214 U.S. HWY 98E

Address

FT. WALTON BEACH / FL 32548

City/State and Zip Code

SAMIR\_raman@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMIR PATEL

Name of Person

at ( 850 ) 933-1753

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

127 Miracle Strip, 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:

1214 US HWY 98E  
FT. WALTON BEACH, FL 32548

Mailing Address:

1214 US HWY 98E  
FT. WALTON BEACH, FL 32548

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:

SAMIR. PATEL

Name

2726 N. MONROE ST.

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

TALLAHASSEE

City

FL 32303

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)

(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

AMBR

AMBR

AMBR

AMBR

Name and Address:

AMIR PATEL  
1214 US HWY 98 E  
FT. WALTON BEACH, FL 32548

SAMIR PATEL  
2726 N. MONROE ST.  
TALLAHASSEE, FL 32303

JAYESH PATEL  
3152 ABBEY LN  
FOLEY, AL 36535

KANU PATEL  
1  MIRACLE STRIP PKWY SE  
FT. WALTON BEACH, FL 32548


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-1-14 (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.)

SAMIR 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)

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TALLAHASSEE, FLORIDA

AMBR

MANISH SHAH  
698 N. FERDON BLVD  
CRESTVIEW, FL 32536

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