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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CT: BK India Art, LLC Name of I	Limited Liability Company		
The enc	losed Articles of Organization and fee(s)	are submitted for filing.		
Please r	eturn all correspondence concerning this	matter to the following:		
	Kathy Ramsdell	Name of Person		
		traine of reison		
		Firm/Company		
	2100 Paradise Point Lane			
		Address	· 20 B	
	Apopka, FL 32703		20 N 00.	
		City/State and Zip Code	TAR ASS	angade Angade
<u>.BK</u>	IndiaArt@gmail.com			
For furt	e-mail address: (to be u	sed for future annual report notificat	ion) FLORIDA OS	-
Kathy I	Ramsdell at	(407) 587-0074		
Kauiy	Name of Person		ephone Number	
Enclose	d is a check for the following amount:			
I \$125.00	Filing Fee \$\sum \text{S130.00 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	Street/Courier Addr Registration Section Division of Corporati		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FU	URIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
BK India Art, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2100 Paradise Point Lane Apopka, FL 32703	2100 Paradise Point Lane Apopka, FL 32703
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered at	gent are:
Kathy Ramsdell	
Name	
2100 Paradise Point Lane Florida street address (P.O. Box N	IOT acceptable)
Apopka	FL 32703
City	. Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligen Chapter	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
(CONTINUE)	D) -9 588
Page 1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	
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ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	ecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor	ecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. Sort the penalties of perjury that the facts stated herein are true; mation submitted in a document to the Department of State.