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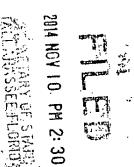
(Red	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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11/10/14--01031--003 **125.00



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NOV 1.7. 2014

COVER LETTER

Tool Gall

WIZCRAFT	CAPITAL - LYC		
Name of Lin	nited Liability Company		
rticles of Organization and fee(s) ar	re submitted for filing.		
correspondence concerning this m	natter to the following:		
SURINIZ	Name of Person		
	GROUP TWC.		
7 MANSWOOD	N CRESCENT Address		
BRAMPTON	, ON: CANADA LOT DAS		
U TA O SURII E-mail address: (to be used	City/State and Zip Code WD-R AHUTA. COM d for future annual report notification)		
mation concerning this matter, plea			
Name of Person	Area Code Daytime Telephone Number		
	elektrik i be		
	□\$155.00 Filing Fee & □\$160.00 Filing Fee &		
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section	Street/Courier Address		
Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	TA CONTROLLE SURVINE E-mail address: (to be use mation concerning this matter, plents of Person Mailing Address Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:
S773 GATLIN AVE. 17 MANSWOOD CRISC. UNIT 625 ORLANDO, FL 32822 CANADA LET DA3
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:
SURINDER AHUTA Name 2672 WINDSORHILL DR.
2672 WINDSORHILL DR. Florida street address (P.O. Box NOT acceptable)
WINDOWNERE FL 34786 City Zip
Having been named as registered agent and to accept service of process for the above stated limited hability company of 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)

Page 1 of 2

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	AHUTA GROUP INC
	AHUJA GROUP INC 17 MANSWOOD CRESC. BRAMPTON, ON. CANADA LGTOA3
MGR	SHOBHIT SETH
	BRAMPTON, ON. CANADA L7A3L6
	
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Laure
(In accordance with secti	a member or an authorized representative of a member. on 605 0203 (1) (b), Florida Statutes, the execution of this document
I am aware that any false	information submitted in a document to the Department of State felony as provided for in s.817.155; F.S.)
	Typed or printed name of signee
\$125 NO Filing Fee for Articles	Filing Fees: of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	
\$ 5.00 Certificate of Status (O	