

L 14 000180791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

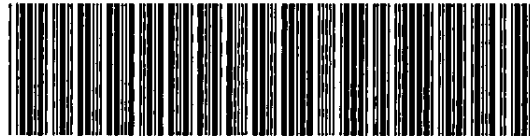
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*W44-18064*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 20 PM 12:25

FILED

T. Burch NOV 20 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAPITAL GROWTH VENTURES, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SUREN AJJARAPU  
Name of Person

CAPITAL GROWTH VENTURES, LLC  
Firm/Company

8913 REGENTS PARK DR. SUITE # 680  
Address

TAMPA, FL -33647  
City/State and Zip Code

SURENSANDHYA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUREN AJJARAPU at ( 813 ) 601 3533  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2014

SUREN ALJARAPU  
8913 REGENTS PARK DR STE 680  
TAMPA, FL 33647

SUBJECT: S AND P PARTNERS LLC  
Ref. Number: W14000065064

We have received your document for S AND P PARTNERS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 714A00022912



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2014

SUREN ALJARAPU  
8913 REGENTS PARK DR STE 680  
TAMPA, FL 33647

SUBJECT: P AND S PARTNERS LLC  
Ref. Number: W14000065064

We have received your document for P AND S PARTNERS 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):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 714A00022912

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPITAL GROWTH VENTURES, 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:

8911 REGENTS PARK DR. SUITE # 550  
TAMPA, FL -33647

19814 SEA RIDER WAY  
LUTZ, FL -33559

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:

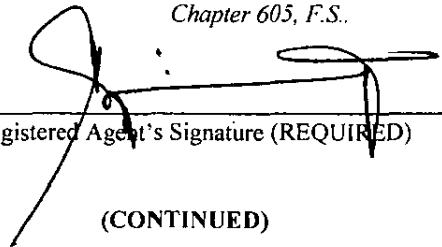
SUREN AJJARAPU  
Name

8911 REGENTS PARK DR. SUITE # 550  
Florida street address (P.O. Box **NOT** acceptable)

TAMPA City FL 33647 Zip

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14 NOV 20 PM 12 25  
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TALLAHASSEE, FLORIDA

*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)

**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

**Name and Address:**  
PRITESH PATEL  
1402 MERRY WATER DR.  
LUTZ, FL -33558

AMBR

SUREN AJJARAPU  
19814 SEA RIDER WAY  
LUTZ, FL -33559

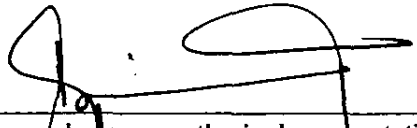
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TALLAHASSEE, FLORIDA

(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.)

SUREN AJJARAPU  
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)