

#L14000189971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

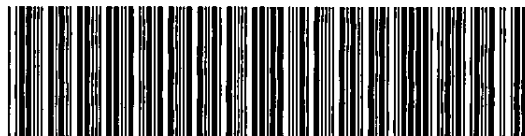
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO EFF. DATE PER
CONVERSATION WITH
HAROON SAMNANI
12/12/2014 KS

Office Use Only



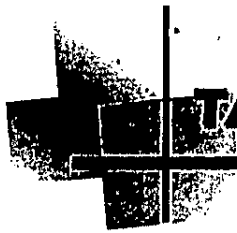
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12/03/14--01014--003 **130.00

EFFECTIVE DATE
11-27-2014

FILED
2014 DEC -3 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 12 2014



TAX PREP & ACCOUNTING SERVICES



November 17, 2014

 **COPY**

Bureau of Registration
Division of Consumer Finance
200 East Gains Street
Tallahassee, Florida 32399-0376

Re: Transaction # 13557 File #: 210987

To whom it may concern;

IHS Unlimited LLC, registered for a Sales & Use Tax Certificate effective 07/17/2014. IHS Unlimited LLC, filed an application for Retail Installment Seller on 09/05/2014 which was returned on Sept 29th. Gross Sales were recorded and reported for June 2014.

- A. Provide the beginning and ending dates of operation without a license. - June
- B. State if the company/location has ceased all business requiring licensure in Florida. - No
- C. State the name and title of each person responsible for allowing the unlicensed activity during this period for each location. - Haroon Samnani, Member
- D. Provide the total number of contract entered into by your company. - 26 Contracts Financed
- E. Provide the total dollar value of contracts or transactions entered into by your company during this period. - \$67,600 in financed amount
- F. Provide the total dollar amount of profit earned by your company on the contracts or transactions. - \$11,496 in approximate profit
- G. Provide an explanation of the corrective measures taken by the company to ensure this problem does not occur again. - Application was resubmitted on November 10th, 2014

Sincerely,



Karen Ingarra
Account Manager

1535 Plank Rd
Menasha WI 54952

Phone: 920-725-5331
Fax: 920-725-5931
Email: KeithS@taxprepUSA.net
JeffD@taxprepUSA.net

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JHS UNLIMITED 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:

KAREN INGARRA

Name of Person

TAX PREP & ACCOUNTING SERVICES INC.

Firm/Company

1535 PLANK ROAD

Address

MENASHA, WI 54952

City/State and Zip Code

kareni@taxprepusa.net

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

For further information concerning this matter, please call:

HAROON SAMNANI

Name of Person

at (860) 319-4200

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:

EFFECTIVE DATE
11-27-2014

FILED
2014 DEC -3 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IHS UNLIMITED 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:

1463 OAKFIELD DR.
SUITE 129
BRANDON, FL 33511

1463 OAKFIELD DR
SUITE 129
BRANDON, FL 33511

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:

HAROON SAMNANI

Name

1463 OAKFIELD DR., SUITE 129

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

BRANDON FL 33511

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..


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:

HAROON SAMNANI

1463 OAKFIELD DR, SUITE 129

BRANDON, FL 33511


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 27, 2014 (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.)

HAROON SAMNANI

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)