L150000000905

| (Re | equestor's Name) | 1 |
|-------------------------|-------------------|--------------|
| | | |
| (Ac | ldress) | |
| · | | |
| (Ac | idress) | |
| | | |
| (Ci | ty/State/Zip/Phon | e #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| ** | \$ | - |
| (Bu | usiness Entity Na | me) |
| • | • | • |
| (Dr | ocument Number | 1 |
| | | , |
| Cartified Conjes | Cartificata | c of Status |
| Certified Copies | _, Ceruncate | s of Status |
| | • | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



100267501401

12/22/14--01040--018 **130.00

2014 DEC 22 PM 1: 35

Coffice Use Only

EFFECTIVE DATE 01/01/15

JAN 05 768 D. ERUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: | Sing | h ABCD | LLC. | • | |
|---------------------|-------------|---------------------------------|-------------|--|--|
| | | Na | me of Lin | mited Liability Company | |
| The enclosed Arti | cles of O | ganization an | d fee(s) ar | are submitted for filing. | |
| Please return all c | orrespond | lence concern | ing this ma | natter to the following: | |
| | | Deg | ak K. | Name of Person | |
| | | | | Name of Person | |
| | • | Singh | ABCC | Firm/Company St. Tapa, Ft. 336TPP Address | |
| , | | J | | Firm/Company | |
| | 58 | os S | 300 | St. Finger Ft 336TPS | |
| | | | | Address | |
| | | | | FL 33611 | |
| | | 0 | C | City/State and Zip Code | |
| | Singl | 13 (v | g mail | 1. com | |
| For further inform | ation con | cerning this m | atter, plea | City/State and Zip Code A. com and for future annual report notification) asse call: 250 Area Code Daytime Telephone Number 360 370 370 370 370 370 370 370 | |
| Deepak | K. | Sing L | at (| 95D) 321-2860 P | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii |
| | Name of I | Person | | Area Code Daytime Telephone Number | 17 *: |
| Enclosed is a chec | k for the | following amo | ount: | | |
| \$125.00 Filing Fe | | 130.00 Filing Certificate of | • | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing A | | | Street/Courier Address | |
| | _ | on Section of Corporation | ıs | Registration Section Division of Corporations | |
| | P.O. Box | 6327 | | Clifton Building | |
| | i allahasse | ee, FL 32314 | | 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

(CONTINUED)

Page 1 of 2

| | Seepate. |
|---|---|
| | 5805 5 3 0 |
| | Florida street address (P |
| | Tampa |
| | City |
| the place designate capacity. I further a | s registered agent and to aced in this certificate, I hereb gree to comply with the pro am familiar with and accept |

EFFECINE DATE 01/01/15

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| ress: | <u>Mailing</u> | Address: | |
|---|---|--|--|
| lake Ave | | 805 5 3 th St Janes M 336 | |
| tered Agent, Registered Off Company cannot serve as its | fice, & Registered A | ed Agent's Signature: | |
| | | | |
| Deepak K. | singly | | |
| 6805 5 3 rd | Name 5+ · | | |
| | . Box NOT accep | otable) | |
| Tampa | FL | 33411 | |
| City | | Zip | • |
| d in this certificate, I hereby a gree to comply with the provis im familiar with and accept th | accept the appoint ions of all statutes he obligations of n | ment as registered agen s relating to the proper only y position as registerea | t and agree to act in this and complete performance |
| | tered Agent, Registered Of Company cannot serve as its with an active Florida registed astreet address of the registed astreet address of the registered agent address (P.O. Tarpa City Se registered agent and to acceed in this certificate, I hereby a gree to comply with the provisum familiar with and accept the | tered Agent, Registered Office, & Registered Company cannot serve as its own Registered with an active Florida registration.) ida street address of the registered agent are: Decale K Singh Name Sao5 Sai St. Florida street address (P.O. Box NOT accept Service of proceed in this certificate, I hereby accept the appoint gree to comply with the provisions of all statutes am familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the obligations of means the same familiar with and accept the same familiar with and accept the same familiar with | tered Agent, Registered Office, & Registered Agent's Signature: Company cannot serve as its own Registered Agent. You must design with an active Florida registration.) Ida street address of the registered agent are: Deepale K & Ingle Name 5805 S 3 - S + . Florida street address (P.O. Box NOT acceptable) |

| Title: "AMBR" = Authorized Mem "MGR" = Manager | ber | Name and Addres | <u>88:</u> | | |
|--|--|--|---|------------------------|--------------|
| AMBR | | Rudon D 6808 Min Temps, |). Singh for lake Fe 3361 | Ave 'I | |
| | | | | | |
| (Use attachment if necessary) | 1 | | _ | | |
| fective date is listed, the date of filing.) | must be specific an | | | | |
| LE V: Effective date, if other to fective date is listed, the date of filing.) LE VI: Other provisions, if any REQUIRED SIGNATURE | must be specific an | | | | |
| rective date is listed, the date of filing.) LE VI: Other provisions, if any REQUIRED SIGNATURE. Signat (In accordance with constitutes an affirm I am aware that any constitutes a third of | re of a member or a section 605.0203 (mation under the per false information stegree felony as provided the per false information as the section 605.0203 (mation under the per false information stegree felony as provided the section for t | an authorized repute the state of perjury that the submitted in a document of the state of the s | resentative of a es, the execution the facts stated ent to the Depart 5, F.S.) | member. | r to or 90 d |
| rective date is listed, the date of filing.) LE VI: Other provisions, if any REQUIRED SIGNATURE. Signat (In accordance with constitutes an affirm I am aware that any constitutes a third of | re of a member or a section 605.0203 (mation under the per false information stegree felony as provided the per false information as the section 605.0203 (mation under the per false information stegree felony as provided the section for t | an authorized repute the state of perjury that the submitted in a document of the state of the s | resentative of a es, the execution the facts stated ent to the Depart 5, F.S.) | member. | r to or 90 d |
| rective date is listed, the date of filing.) LE VI: Other provisions, if any REQUIRED SIGNATURE. Signat (In accordance with constitutes an affirm I am aware that any constitutes a third of the signature.) | re of a member or a section 605.0203 (mation under the per false information stegree felony as provided by the control of the | an authorized reput 1) (b), Florida Statut alties of perjury that abmitted in a docume vided for in s.817.15 or printed name of s | resentative of a les, the execution the facts stated ent to the Depart 5, F.S.) | member. on of this doc | r to or 90 d |