*L 15000133020

(Requestor's Name)
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(Address)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
W15-36177 NOT AVail



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2015 AUG -5 AM 8: 3

Office Use Only

K.SALY EXAMINER AUG - 7 2015



May 21, 2015

BRAHMA DOOBAY 9009 CORPORATE LAKE DR. TAMPA, FL 33634

SUBJECT: PARK CAFE, LLC Ref. Number: W15000036177

We have received your document for PARK CAFE, LLC and your check(s) totaling \$130.00. 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 because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L12000104580 "PARK CAFE LLC".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 915A00010788

August 5, 2015 9009 Corporate Lake Drive, Tampa, FL 33620

I am the owner of Park Cafe LLC (L120001045580) and I have no intention of reinstating the old company but wish to form the new company with the same name, Park Cafe LLC.

Ravina Doobay (MGRM)

2015 AUG -5 AM 8: 3

COVER LETTER

TO: Registration Section Division of Corporations	~ ×
SUBJECT: Rock C	
Name of	Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Brahm	Name of Person
Park	Cofe Firm/Company
9009 Corps	Address
Brahms (E-mail address: (to be a	City/State and Zip Code 33634 City/State and Zip Code 35757 @ ao\ - com used for future annual report notification)
For further information concerning this matter, p	please call:
Brahmo Doobay at Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\int_{\text{\$160.00 Filing Fee,}} \text{\$Certificate of Status & Certified Copy} \text{\$(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:
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:
9009 Corporate Lake 9009 Corporate Lake Drive Bm 115 Tampa, FL. 33634 Tampa, FL 33634
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: Brahma Doobay Name
Florida street address (P.O. Box NOT acceptable)
Wesley Chapel FL 33544 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member MGR" = Manager Color	Brahma Doobay 7301 Pine Lands Drive Wesley Chapel, FL 33544
MGR	Bibi Doobay 7301 Pine Lands Drive Wesley Chapel, FL 33544
AMBR	Ravini Doobay 7301 Pine Lands Drive Wesley Chapel, FL. 33544
AMBR	Dhanesh Dochay 7301 Pine Lands Onive Wesley Chapel FL 33544
Use attachment if necessary)	
ctive date is listed, the date must f filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 d
ctive date is listed, the date must f filing.)	
ctive date is listed, the date must f filing.) E VI: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmatic I am aware that any false)	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. tie information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmation I am aware that any false constitutes a third degree	the specific and cannot be more than five business days prior to or 90 decorporation for an authorized representative of a member. It ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: For Organization and Designation of Registered Agent and