

L150001424 18

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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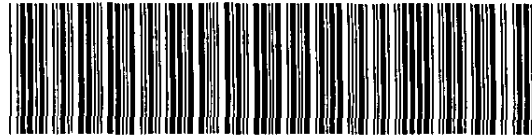
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

15 AUG 25 PM 1:38

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREM ~~WALLABH~~ 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:

CHIRAG PATEL

Name of Person

Firm/Company

3315 DARTMOUTH DR. TALLAHASSEE FL

Address

TALLAHASSEE FLORIDA 32317

City/State and Zip Code

premcharmi@yahoo.com

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

For further information concerning this matter, please call:

CHIRAG PATEL

Name of Person

at (850)

Area Code

766-6451

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

PREMVALLABH 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:

1495 Capital Circle NW
Tallahassee
FL: 32303

Mailing Address:

3315 Dartmouth Dr.
Tallahassee
FL: 32317

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:

CHIRAG PATEL
Name

3315 DARTMOUTH DR.

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

TALLAHASSEE FLORIDA 32317
City State 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..

Chirag v. Patel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR 7

CHIRAG V. PATEL

CHIRAG V. PATEL
3315 Dartmouth Dr.
Tallahassee FL 32311

Chirag V. Patel

CHIRAG PATEL

Page 2 of 2

DEPT. OF STATE
WASHINGTON, D.C.
20520-1200

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APPROVED