

# L15000163899

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

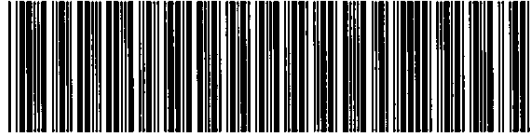
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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09/18/15--01006--004 \*\*125.00

APPROVED  
AND  
FILED

15 SEP 18 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/H

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PDR HOLDINGS & INVESTMENT 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:

AMAR PATEL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

100 ALEXANDRIA BLVD, SUITE 6

\_\_\_\_\_  
Address

OVIEDO, FL 32765

\_\_\_\_\_  
City/State and Zip Code

AMARPATE@GMAIL.COM

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

For further information concerning this matter, please call:

AMAR PATEL

973

944-8870

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

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

APPROVED  
AND  
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 SEP 18 AM 8:14

PDR HOLDINGS & INVESTMENT LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

100 ALEXANDRIA BLVD

SUITE 6

OVIEDO, FL 32765

100 ALEXANDRIA BLVD

SUITE 6

OVIEDO, FL 32765

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:

AMAR PATEL

Name

447 CORTE MADERA LANE. UNIT 2

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

WEST PALM BEACH

FL

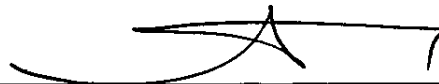
33401

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED

**ARTICLE IV-**

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

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

AMAR PATEL

447 CORTE MADERA LANE, UNIT 2

WEST PALM BEACH, FL 33401

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBR

RAMKRISHNA PATEL

3055 HARTRIDGE TERRACE

WELLINGTON, FL 33414

AMBR

ANUSH PATEL

40 NELSON AVE

COOPERSTOWN, NY 13326

AMBR

SUKRUT DWIVEDI

11 MADELINE COURT

FARMINGDALE, NJ 07727

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

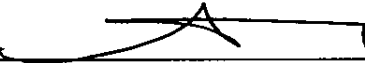
**ARTICLE VI:** Other provisions, if any.

We would like to add one more authorized member.

AMBR - EDUARDO RAMIREZ

100 ALEXANDRIA BLVD., SUITE 6. OVIEDO, FL 32765

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

AMAR PATEL

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)