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S. GILBERT

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	NICK AND AJAY, LLC	
SOBJEC		Limited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	urn all correspondence concerning this	matter to the following:
	Kenneth Branham, Esq.	
		Name of Person
	The Sanoba Law Firm	
		Firm/Company
	422 South Florida Avenue	
		Address
, . · · · ·	Lakeland, FL 33801	
•	lmedar@gmail.com	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further	information concerning this matter, ple	ease call:
	Kenneth Branham	863 683-5353
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 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	Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 3230

Tallahassee, FL 32314

→ ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• -	
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
NICK AND AJAY, LLC	
(Must end with the words "Limited L	liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Ad
2257 MalachiteDrive	2257 Malachite Drive

FILED
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15 NOV 24 PM 5: 10
ALLAMASSEE. FLORIDA
FLORIDA

Mailing Address:

Lakeland, FL 33810

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:

Lakeland, FL 33810

Lakshmaiah C. Medarametla Name 2257 Malachite Drive Florida street address (P.O. Box NOT acceptable) FL33810 Lakeland Zip City State

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 papacity. 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,

Page 1 of 2

(CONTINUED)

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Lakshmaiah C. Medarametla
	2257 Malachite Drive
	Lakeland, FL 33810
AMBR	Jayantilal Patel
THE PART OF THE PA	1039 Sugartree Drive 5007h
	Lakeland, FL 33813
V: Effective date, if other than the dative date is listed, the date must be stilling.)	
CV: Effective date, if other than the da ctive date is listed, the date must be s f filing.) the date inserted in this block does no ment's effective date on the Department	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will no
ctive date is listed, the date must be s f filing.)	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will no
E.V: Effective date, if other than the dative date is listed, the date must be stilling.) the date inserted in this block does not bent's effective date on the Department of VI: Other provisions, if any. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will no not of State's records.
CV: Effective date, if other than the date tive date is listed, the date must be stifiling.) the date inserted in this block does not ent's effective date on the Department of the Department o	specific and cannot be more than five business days prior to or 90 timeet the applicable statutory filing requirements, this date will no not of State's records.
CV: Effective date, if other than the date tive date is listed, the date must be stifiling.) the date inserted in this block does not ent's effective date on the Department of the Department o	meet the applicable statutory filing requirements, this date will no at of State's records. member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.