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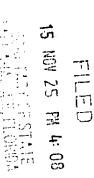
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

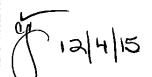
Office Use Only



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COVER LETTER

	vision of Corporations	
SUBJECT:	Yamuna 1 LLC	
SUBJECT		me of Limited Liability Company
The enclose	ed Articles of Organization and	fee(s) are submitted for filing.
Please retur	n all correspondence concerni	ng this matter to the following:
	Bhavir K. Shah	
		Name of Person
	Yamuna 1 LLC	
		Firm/Company
	13928 80th Avenue N.	
		Address
	Seminole, FL 33776	
t	ohavir59@msn.com	City/State and Zip Code
_	E-mail address: (t	be used for future annual report notification)
For further in	formation concerning this mat	ter, please call:
	Bhavir Shah	727 687-7840 at ()
· -	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amo	unt:
\$125.00 Fil	ing Fee \$130.00 Filing Certificate of \$	
	Mailing Address New Filing Section	Street Address New Filing Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 NOV 25 PM 4: 09

Yamuna 1 LLC

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

UN GETARY DE GLATE PALLAGA (11. ; LORDA

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
19823 Gulf Bloulevard	13928 80th Avenue North
Indian Shores, FL 33785	Seminole, FL 33776

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:

Bhavir K. Shah		
	Name	
13928 80th Avenue	North_	
Florida street addre	ess (P.O. Box NOT ac	cceptable)
Seminole	FL	33776
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)

Page 1 of 2

Title:	.4h!	Name and Address:
	thorized Member	
"MGR" = Mar AMBR		Bhavir K. Shah
MINDIC		13928 80th Avenue North
		Seminole, FL 33776
AMBR		Kiran B. Shah
11111111	 	13928 80th Avenue North
		Seminole, FL 33776
		
CLE V: Effective		f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days at
CLE V: Effective effective date is like of filing.) If the date insert	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of	ific and cannot be more than five business days prior to or 90 days at et the applicable statutory filing requirements, this date will not be listed
CLE V: Effective effective date is li te of filling.) If the date insert cument's effective CLE VI: Other pro-	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.	ific and cannot be more than five business days prior to or 90 days af et the applicable statutory filing requirements, this date will not be liste
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ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)