

L16000037009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

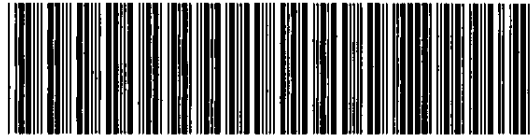
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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

FEB 24 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAPA 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:

PAUL ANEJA

Name of Person

SAPA INVESTMENT "LLC."

Firm/Company

18014 COZUMEL ISLE DRIVE

Address

TAMPA, FLORIDA 33647

City/State and Zip Code

spaulaneja@yahoo.com

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

For further information concerning this matter, please call:

PAUL ANEJA 727 238 8882
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

ARTICLE I - Name:

SAPA INVESTMENT "LLC."

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

TAMPA FLORIDA 33647

Name

PAUL ANEJA 18014 COZUMEL ISLE DR FLORIDA 33647
Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33647
City State Zip

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

Name and Address:

PAUL ANEJA

18014 COZUMEL ISLE DRIVE

TAMPA--FL 33647

"AMBR"

SNEH ANEJA

~~18014 COZUMEL ISLE DRIVE~~ COZUMEL ISLE DRIVE

TAMPA-FL 33647

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb 10, 2016 (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.

N/A

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.

PAUL ANEJA

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)