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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600

Fax Number : (323)962-3889

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## FLORIDA LIMITED LIABILITY CO. TAGINVEST LLC

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05:23:40 p.m. 03-05-2016

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## COVER LETTER

'I'O: Registration Section Division of Corporations
SUBJECT: TAGINVESTILC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Chevenne Moseley
Name of Person
LegatZoom.com, inc. Firm/Company
100 W Broadway, Sulte 100 Address
Vom £22
Glendale, CA 91210 City/State and Zip Code
.minefilings@legatzoom.com E-mail address: (to be used for fixure annual report notification)
For further information concerning this matter, please call:
Chavenne Moseley at ( 323 ) 962-8600 ext 7625  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy  (additional copy is enclosed)

Moiling Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 8136323882

06:23:59 p.m. 03-05-2016 3/9

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I – Name:					•
The name of the Limited	Liability Company is:				
TAGINVEST LLC					
	ust end with the words	"Limited Liab	lity Com	pany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address					
The mailing address and	street address of the pr	incipal office (	of the Lin	nited Liability C	ompany is:
Principal Office Addre	<u>sa:</u>	M	(alling A	ldress:	
7943 Terrace Ridge D			_		
Tampa, Florida 33837	•				<del></del>
ARTICLE III - Registe The Limited Liability C another business entity to The name and the Florid	ompany cannot serve a with an active Florida r	s its own Rogl egistration.)	stered Ag		ure: esignato an individual or
ار	Nityanand Sharma				
		Name			
	7943 Terrace Ridge	Dr			
	Florida street address	(P.O. Box <u>NO</u>	L recebp	ble)	
·	Tampa.		FL	33637	
·	Cîly			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)

Nityahand Shama

(CONTINUED)

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<u>itle:</u>	Name and Address:
MBR" = Authorized Member	
AGR" = Madager IMBR	Nityanand Sharma
WEL	7943 Termice Ridge Dr
	Tampa, Florida 33637
MBR	Dhara Mody
WANT.	1585 Virginia Willow Drive
	Wesley Chapet, Florida 33544
MBR	Shikha Khandelwai
	10210 Meadow Crossing Dr
	Tampa, Florida 33647
MBR	Bhaskar R Gudlavenkalasiva
	13030 Terrace Springs Dr
V: Effective date, if other than the d tive date is listed, the date must be	Tampa, Fiorida 33637  ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or s
Use attachment if necessary)  V: Effective date, if other than the detive date is fisted, the date must be filling.)  VI: Other provisions, if any.	Tampa, Fiorida 33637
V: Effective date, if other than the d tive date is listed, the date must be filing.)	Tampa, Fiorida 33637
V: Effective date, if other than the d tive date is fisted, the date must be filling.)  Vi: Other provisions, if any.	Tampa, Fiorida 33637
V: Effective date, if other than the d tive date is fisted, the date must be filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	Tampa, Fiorida 33637
V: Effective date, if other than the d tive date is fisted, the date must be filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u 1 am aware that any false in constitutes a third degree fe	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statues, the execution of this document ader the penalties of perjury that the facts stated herein are true.  formation submitted in a document to the Department of State

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03-05-2016

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## Attachment to Articles of Organization for TAGINVEST LLC

Additional members of the Limited Liability Company are:

Name of Member

Address

Renu Sharma

20107 Bluff Oak Blyd, Tampa FL 33647

Kapil Jein

13010 Terrace Brook Pl, Tampa FL 33637

Shilps Promanand

20040 Satin Leaf Ave, Tampa FL 33647

Rajeshkumar P Talati

12908 Terrace Springs Dr. Tampa FL 33637

Senthilkumaran Kulandaivelan

16030 Bella Woods Dr, Tampa FL 33647

Venuvenkatesh D Kulkami

29125 Heritage Point Dr, Tampa FL 33647

Jignasa Kadia

19248 Early Violet Dr., Tampa FL 33647

Kaushik Narayanan

8246 Dunham Station Dr, Tampa FL 33647

Josy John

27426 Whispering Birch Way, Wesley Chapel FL 33544