

L16000079480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

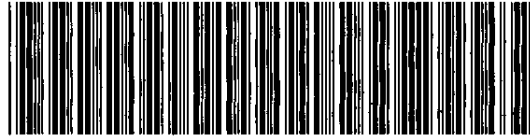
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700284689507

04/19/16--01018--001 **125.00

FILED
SEALING OF STATE
DIVISION OF REGISTRATION
16 APR 19 PM 12:53

Bihari Kalra
503 Columbia Drive
Tampa, FL 33606

Certified Mail:

To:

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

April 5, 2016

SUBJECT: Release of Entity Name, CHANNELFRONT LLC, L13000086670

Dear Officer:

This is to state that I, Bihari Kalra, undersigned state that I am not going to reinstate
'CHANNELFRONT LLC' and I am releasing its name - 'CHANNELFRONT LLC'

Sincerely,

Bn Kalra

(Bihari Kalra, Manager)

STATE OF Florida, COUNTY OF Hillsborough

I hereby Certify that on this day, before me, an officer-duly authorized to administer oaths and take acknowledgments, personally appeared known to me to be the person Bihari Kalra described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same, and an oath was taken. (Check one :)

☐ Said person(s) is/are personally known to me. ☒ Said person(s) provided Florida Drivers License

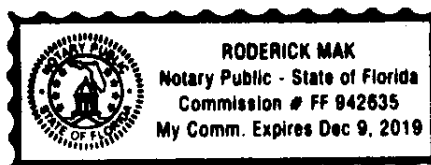
as identification:

Witness my hand and official seal in the County and State last aforesaid this MARCH 5th, 2016

[Signature]
Notary Signature

Notary Seal

RODERICK MAK
Printed Name



16 APR 19 PM 12:53
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Channelfront 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:

Bihari Kalra

Name of Person

Ben Kalra Management LLC

Firm/Company

503 Columbia Dr.

Address

Tampa, FL 33606

City/State and Zip Code

palmettobeachhomes@gmail.com

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

For further information concerning this matter, please call:

Bihari Kalra

813

254-5194

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

16 APR 19 PM 12:53

STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Channelfront LLC

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

ARTICLE II - Address:

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

Principal Office Address:

503 Columbia Dr.
Tampa, FL 33606

Mailing Address:

503 Columbia Dr.
Tampa, FL 33606

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:

Ben Kalra Management LLC

Name

503 Columbia Dr.

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

Tampa

FL

33606

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)

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SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Bihari Kalra

503 Columbia Dr.

Tampa, FL 33606

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/4/2016. (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.

REQUIRED SIGNATURE:

Bnk Kalra

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.

Bihari Kalra

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)

16 APR 19 PM 12:53

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CHANNELFRONT LLC
CHECK # 3972 FIFTH THIRD BANK