L1600079489

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

OF STATISHED OF ST

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,

By Kelva (Bihari Kalra, Manager)

STATE OF Florida, COUNTY OF Hillsborough

1 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. [X | Said person(s) provided Florida Drivers License

as identification:

Vitness my hand and official seal in the County and State last aforesaid this

MARCH 5th

. 2016

Notary Seal

RODERICK MAK



16 APR 19 PH 12:

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	Channelfront LLC
SOBJECT.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n 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
<u>p</u>	almettobeachhomes@gmail.com E-mail address: (to be used for future annual report notification)
or further in	formation concerning this matter, please call:
I	3ihari Kalra 813 254-5194
_	at () Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
[\$125.00 Fill	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company is:		
Channelfront LLC			
(Must end	with the words "Limited	l Liability Company	v. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a		office of the Limited	, , ,
Princi	oal Office Address:		Mailing Address:
503 Columbia Dr.		503	Columbia Dr.
Tampa, FL 33606		Tam	pa, FL 33606
	y cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
The Limited Liability Companinother business entity with an	y cannot serve as its own active Florida registration	Registered Agent. 'on.)	
The Limited Liability Compan	y cannot serve as its own active Florida registration	Registered Agent. 'on.)	
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The Limited Liability Companinother business entity with an	y cannot serve as its own active Florida registratic address of the registered Ben Kalra Managem 503 Columbia Dr.	Registered Agent. on.) I agent are: ent LLC Name	You must designate an individual or

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

16 APR | 9 PH | 2: 53

SHERETARY OF SOME

REOUIRED 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. 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)	<u> Citle:</u>	_	Name and Address:	
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CHANNELFRONT LLC CHECK# 3972 FEFTTH THIRD BANK

ARTICLE IV-