

L16000152199

(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



400288389084

08/08/16--01016--020 **130.00

16 AUG - 8 AM 11:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Division Of Corporations

Aug 04, 2016

Florida Department Of State

Tallahassee, Fl

Please see attached application for formation of AKSAAR LLC , 6301 Flabridge Ct. I also attached payment check of \$130

[x] – Filing Fee for Articlea Of Organization and Designation of Registered Agent

[x] – Certificate Of Status

Please call 904-234-7315 or email aksaarllc@gmail.com if you have any questions.

Best Regards,

Sai K Katragadda

6301 Falbridge Ct

Jacksonville

FL-32258

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AKSAAR 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:

Mailing Address:

6301 Falbridge Ct

Jacksonville

FL - 32258

6301 Falbridge Ct

Jacksonville

FL-32258

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:

Sai Katragadda

Name

6301 Falbridge CT

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

Jacksonville

FL

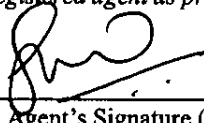
32258

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)

16 AUG - 8 AM 11:54
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

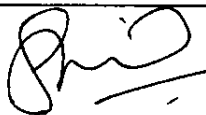
ARTICLE V: Effective date, if other than the date of filing: 08/04/2016 (OPTIONAL)

(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:



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.

SAI K KATRAGADDA

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)

DEPT. OF STATE
ALBANY, FLORIDA
AUG -8 AM 11:54