

U600017331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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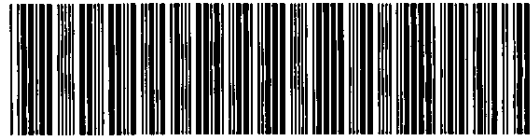
(Business Entity Name)

(Document Number)

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STATE OF TEXAS

J. FASON

SEP 13 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TechRev 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:

Sanjay "Jay" Narang

Name of Person

TechRev LLC

Firm/Company

1779 North University Drive, Suite 102

Address

Pembroke Pines, FL 33024

City/State and Zip Code

JNarang@GDKN.com

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

For further information concerning this matter, please call:

Jay Narang

954

985-6650 x 202

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TechRev 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:

1779 North University Drive, Suite 102,
Pembroke Pines, FL 33024

Mailing Address:

1779 North University Drive, Suite 102
Pembroke Pines, FL 33024

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:

Sanjay "Jay" Narang

Name

1779 N University Drive, Suite 102

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

Pembroke Pines FL 33024

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.



Digitally signed by Jay
DN: cn=Jay, o=GDKN, ou=Narang,
email=JNarang@GDKN.com, c=US
Date: 2016.08.31 14:39:35 -0400

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 SEP 13 AM 7:27
STATE
OF FLORIDA

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:

Sanjay "Jay" Narang

1779 North University Drive, Suite 102

Pembroke Pines, FL 33024

MGR

Vijay "Vic" Narang

1779 North University Drive, Suite 102

Pembroke Pines, FL 33024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/01/2016. (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:



Digitally signed by Jay
DN: cn=Jay, o=GDKN, ou=Narang,
email=JNarang@GDKN.com, c=US
Date: 2016.08.31 14:40:30 -04'00'

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.

Sanjay "Jay" Narang

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)