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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SAMIR@360HOSPITALITYGROUP.COM

SECRETARY OF STATE
JALARAM MANAGEMENT INC.
ALLAHABAD, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
SRI JALARAM 2, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

****NOTE** Please file this AFTER filing JALARAM MANAGEMENT INC. That filing is also being submitted today. Thank you! ****

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SRI JALARAM 2, 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:

SAMIR B. PATEL

Name of Person

JALARAM MANAGEMENT INC.

Firm/Company

5575 N ATLANTIC AVENUE

Address

COCOA BEACH, FLORIDA 32931

City/State and Zip Code

SAMIR@360HOSPITALITYGROUP.COM

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

For further information concerning this matter, please call:

Daniel Iverson

at (**512**) **499-3075**

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SRI JALARAM 2, 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:301 TUCKER LANE
COCOA, FLORIDA 32926**Mailing Address:**5575 N ATLANTIC AVENUE
COCOA BEACH, FLORIDA 32931**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:

SAMIR B. PATEL

Name

5575 N ATLANTIC AVENUEFlorida street address (P.O. Box **NOT** acceptable)

<u>COCOA BEACH</u>	<u>FLORIDA</u>	<u>32931</u>
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, P.S.

S B Patel

Registered Agent's Signature (REQUIRED)

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FLORIDA

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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:**JALARAM MANAGEMENT INC.5575 N ATLANTIC AVENUECOCOA BEACH, FLORIDA 32931

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.SAMIR B. PATEL, PRESIDENT, JALARAM MANAGEMENT INC.

Typed or printed name of signer

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)

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