L16000189541

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(Address)

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TALLAHASSEE, FLORIDA

V HERRING
OCT 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: .DOSSIERS HUB 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:

Julia Greenberg - Aguilar
Name of Person

1 Radisson Plaza, Ste.800
Firm/Company

New Rochelle, New York 10801
Address

877-330-2677
City/State and Zip Code

dossiershub@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Greenberg - Aguilar at (877) 330-2677
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

DOSSIERS HUB 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:**
1101 Brickell Ave. Ste G0 #310367	1101 Brickell Ave, Ste G0 #310367
Miami, FL 33231	Miami, FL 33231

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:

REENA ANNAPURANI BALRAJ ANNIE
Name

18921 Fairwood ct
Florida street address (P.O. Box **NOT** acceptable)

Tampa,	FL	33647
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)

ARTICLE IV-

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TALLAHASSEE, FLORIDA

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:**
AMBR	REENA ANNAPURANI BALRAJ ANNIE 18921 FAIRWOOD CT, TAMPA, FL, 33647
AMBR	DEVANAND GUNASEKARAN 40 V.O.C NAGAR, KAVUNDAMPALAYAM, COIMBATORE, INDIA 641030
AMBR	LIONEL PAUL JEYASEELAN 49/32 ELLIS NAGAR, DHARAPURAM TIRUPPUR, INDIA 638657
AMBR	RANJANA MAGDALENE 16/3 THIRUMALAI SWAMY STEET, KAVUNDAMPALAYAM, COIMBATORE, INDIA

(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.

Elena Malevska (Authorized Representative)
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)