

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 : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514

Phone : (727)442-1200

Fax Number : (727)443-5829

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

Email Address:

FLORIDA LIMITED LIABILITY CO. RAMIREDDY FAMILY, L.L.C.

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Certificate of Status	0
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Estimated Charge	\$125.00

N. SAMS

JAN 27 2017

Electronic Filing Menu

Corporate Filing Menu

Help

		17 JAN 26 P
ARTICLES OF ORGANIZATION FOR FLORE	DA LIMITED LIABILITY COMPANY	17 134 25
ARTICLE I - Name:		SERVE ZG P
The name of the Limited Liability Company is:		JAN 26 P
RAMIREDDY FAMILY, L.L.C.		· · · · · · · · · · · · · · · · · · ·
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:	
Principal Office Address;	<u>Mailing Address</u> :	
3762 Executive Drive	3762 Executive Drive	
Palm Harbor, FL 34685	Palm Harbor, FL 34685	
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individu	al or
The name and the Florida street address of the registered agent	are:	
ALAN S. GASSMAN, ESO	OUTRE	
Nam	 B	
1245 COURT STREET, SU	JITE 102	

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..

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

State

CLEARWATER City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	: : !	Name and Address:
"AMBR" = Authorized	Mcmber	Hame and Address.
"MGR" = Manager		
MGR		Kcsavulureddy Ramireddy
		3762 Executive Drive
		Palm Harbor, FL 34685
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Voting and Non-Voting Membership Interests

The Company shall consist of one percent (.5%) of the ownership interests having voting Membership rights and ninety-nine percent (.99.5%) of the ownership interests have non-voting Membership rights. The holders of the one percent (.5%) voting Membership Units shall have a fiduciary duty to vote their Membership Interests based upon the same standard which applies to General Partners of a Limited Partnership in the State of Florida. The non-voting Members shall have rights as provided under the Florida Statutes, and as would apply to the Limited Partners of a Florida Limited Partnership. The Members may designate by written agreement and/or certificate of ownership whether Membership Interests that they are acquiring are voting or non-voting, but if not specifically designated, any issued Member Interests shall be considered to be non-voting.