# **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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.

## Octo 1 Partners LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu Corporate Filing Menu

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MAR 1 7 2017

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability Co  | ompany is:   |                       |                                       |
|--|--|-----------------------|---------------------------------------|
| Octo 1 Partners LLC  |  |                       |                                       |
| (Must end with   | the words "Limited L                               | iability Compan       | y, "L.L.C" or "LLC.")                 |
| ARTICLE II - Address:<br>The mailing address and street addre  | ss of the principal offi                           | ce of the Limited     | Liability Company is:                 |
| Principal O  | ffice Address:                                     |                       | Mailing Address:                      |
| 45 Green Ash St  |  | 303                   | 0 N. Rocky Point Dr. STE 150A         |
| Monroe Twp, NJ 0883  | 1  | Tar                   | npa, FL 33607                         |
| ARTICLE III - Registered Agent,<br>The Limited Liability Company can<br>another business entity with an active<br>The name and the Florida street addi | mot serve as its own R<br>ve Florida registration. | egistered Agent.<br>) | You must designate an individual or   |
|  | REGISTERE  | AGENTS IN             | C.                                    |
| _  | 1  | Name                  |                                       |
| ī  | 3030 N. Rocl<br>Florida street address (           |                       |                                       |
| _  | Tampa,   | FL 33607              | , , , , , , , , , , , , , , , , , , , |
|  | 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. Ifurther 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.

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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| Title: "AMBR" = Authorized Member   | Name and Address:   |
|---|---|
| "MGR" = Manager   | "SEE ATTACHED"  |
|   |   |
| ···   |   |
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| E V: Effective date, if other than the date of ective date is listed, the date must be speci  | filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90   |
| ective date is listed, the date must be speci<br>of filing.)  | fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will no  |
| E V: Effective date, if other than the date of ective date is listed, the date must be speci of filing.) the date inserted in this block does not medient's effective date on the Department of E VI: Other provisions, if any.  REQUIRED SIGNATURE:  | fic and cannot be more than five business days prior to or 90 at the applicable statutory filing requirements, this date will no State's records.   |
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| E V: Effective date, if other than the date of ective date is listed, the date must be speci of filing.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a meminal triangular constitutes a third degree for Riley Park   | the applicable statutory filing requirements, this date will no State's records.  State's records.  ber or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S. |
| E V: Effective date, if other than the date of ctive date is listed, the date must be speciffiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memination of the department is executed I am aware that any false in constitutes a third degree for Riley Park | the applicable statutory filing requirements, this date will no State's records.  ber or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State  |

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#### Article IV Cont.

AMBR Ketul Shah

45 Green Ash St

Monroe Twp, NJ 08831

AMBR Keyur Bhagat

45 Green Ash St

Monroe Twp, NJ 08831

AMBR Bharat Paghdar

45 Green Ash St

Monroe Twp, NJ 08831

AMBR Vatsal Patel

45 Green Ash St

Monroe Twp, NJ 08831

AMBR Ashish Patel

45 Green Ash St

Monroe Twp, NJ 08831

AMBR Minesh Trivedi

45 Green Ash St

Monroe Twp, NJ 08831

AMBR Tijay Panicker

45 Green Ash St

Monroe Twp, NJ 08831

AMBR Umakant Korrapati

45 Green Ash St

Monroe Twp, NJ 08831

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