

L17000127604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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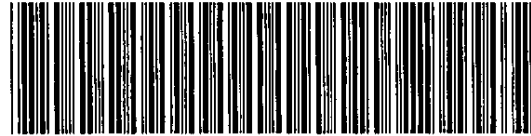
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JUN 12 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: GULWANI, 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:

LALIT LALWANI  
Name of Person

Firm/Company

6551 NW 37<sup>TH</sup> TERRACE  
Address

GAINESVILLE, FL-32653  
City/State and Zip Code

l-lals@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LALIT LALWANI at ( 352 ) 871-8205  
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

**ARTICLE IV-**

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 - 50% → 1) Name: { Midland Trust Company As Custodian FBO  
Lalit Lalwani # 1639250  
Address: 6551 NW 37TH TERRACE, GAINESVILLE, FL 32653

AMBR - 50% → 2) Name: { Midland Trust Company As Custodian FBO  
Heena Lalwani # 1639251  
Address: 6551 NW 37TH TERRACE, GAINESVILLE, FL 32653

MGR 1) LALIT LALWANI  
6551 NW 37TH TERRACE, GAINESVILLE, FL 32653

(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: IMMEDIATE (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.

LALIT LALWANI

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)

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TALLAHASSEE, FLORIDA