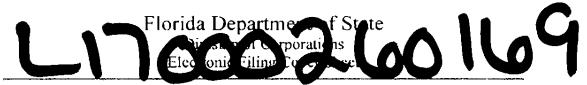
12/21/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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## FLORIDA LIMITED LIABILITY CO. Sindu Properties LLC

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 Page Count
 04

 Estimated Charge
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K. Brumbley

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For further information		City/State	e and Zip Code
	nulationtech.com  F-mail address: (to be	e used for futu	ure annual report notification)
Amit Nig	concerning this matter,		,
	alaye	973 at (	885-2375
1	ame of Person	Area Cod	de Daytime Telephone Number
Enclosed is a check f	or the following amount	:	
\$125.00 Filing Fee	\$130.00 Filing Fee Certificate of Stat	tus LLC¢	\$160.00 Filing Fee, certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Di P.C	wiling Address w Filing Section vision of Corporations D. Box 6327 Illahassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Sindu Properties LLC (Must conta	in the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited L	iability Company is:	
<u>Princips</u>	d Office Address:		Mailing Address:	
77 Point View Parkw	ay, Wayne, NJ 07470		int View Parkway, Wayne, NJ	07470
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration address of the registered Ashuk Nigalaye  9036 Moriset Ct.	Registered Agent, Y on.)	ou must designate an individua	17 DEC 21 ANII: 14 SECRETARY OF STAIL ANIANSSEE, FLORES

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.

By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>		Name and Address:
	uthorized Member	
"MGR" = Mai	nager	A CARL II.
MGR	· · · · · · · · · · · · · · · · · · ·	Amit Nigalaye 77 Point View Parkway, Wayne, NJ 07470
		77 Form View Parkway, Wayne, 147 07470
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EV: Effective ective date is l	isted, the date must be specif	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90
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