

**L18000032530**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

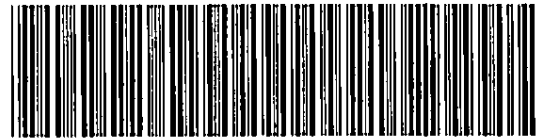
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
FALL RIVER, MA 01930

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N CULLIGAN

FEB 7 2018

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** New Tampa Broz, 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:

Kishore Peter

Name of Person

KP Accounting and Tax Services, Inc

Firm/Company

5720 Gall Blvd, Ste 1

Address

Zephyrhills, Florida 33542

City/State and Zip Code

kptaxes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kishore Peter                      352                      584-2524  
at (                      )  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Tampa Broz, LLC

(Must contain 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:

5720 Gall Blvd, Ste 1

Same

Zephyrhills, Florida 33542

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:

KP Accounting and Tax Services, Inc

Name

5720 Gall Blvd, Ste 1

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

Zephyrhills,

Florida

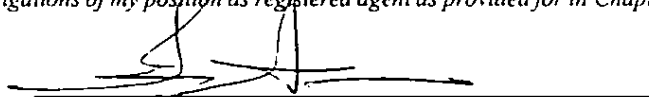
33542

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)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**

Kishore Peter  
18028 Cozumel Isle Dr  
Tampa, Florida 33647

MGR

Kollannukaran Davis  
18107 Turtle Beach Way  
Tampa, Florida 33647

MGR

Delwin Davis  
18107 Turtle Beach Way  
Tampa, Florida 33647

MGR

Dewin Davis  
18107 Turtle Beach Way  
Tampa, Florida 33647

(Use attachment if necessary) *Attached*

**ARTICLE V:** Effective date, if other than the date of filing: 01/31/2018 (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.

Any and all allowed legal business in the State of Florida.

**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.

Kishore Peter

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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Additional authorized persons.

~~ARTICLE IV-~~

The name and address of each person authorized to manage and control the Limited Liability C

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

MGR

Name and Address:

Shaji Joseph  
10537 Canary Isle  
Tampa, Florida 33647

Ditto Rapheal  
19227 Pepper Grass Dr  
Tampa, Florida 33647

Pradeep Narayan  
10617 Blue Coral Lane  
Tampa, Florida 33647

Blesson Mannil-Kizhakkathil  
1831 Mira Lago Circle  
Ruskin, Florida 33570

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