

L18000134601

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H18000164800 3)))



H180001648003ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : E20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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.
PARIKH CONSULTING GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2018 MAY 31 AM 11:47

INTEGRATIONS
COMMERCIAL
SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 31 PM 1:36

FILED

JUN 01 2018

K. PAGE

Electronic Filing Menu

Corporate Filing Menu

Help



May 31, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: PARIKH CONSULTING GROUP, LLC
REF: W18000051174

***PLEASE GIVE ORIGINAL
SUBMISSION DATE OF
5/30/18! THANK YOU!***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H18000164800
Letter Number: 018A00011285

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Parikh Consulting Group, 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:

Elizabeth Stieff
Name of Person
Venable LLP
Firm/Company
750 E. Pratt Street, 9th Floor
Address
Baltimore, Maryland 21202
City/State and Zip Code
estieff@venable.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Stieff 410 528-4643
Name of Person at (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:

Parikh Consulting Group, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>6167 Grosvenor Shore Drive</u>	<u>6167 Grosvenor Shore Drive</u>
<u>Windermere, Florida 34786</u>	<u>Windermere, Florida 34786</u>

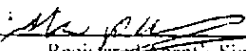
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

<u>Jiten Parikh</u>		
Name		
<u>6167 Grosvenor Shore Drive</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Windermere</u>	<u>Florida</u>	<u>34786</u>
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)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Parikh Holdings, LLC (Jiten Parikh, Manager)</u>
	<u>6167 Grosvenor Shore Drive</u>
	<u>Windermere, Florida 34786</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (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:

Jiten Parikh

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.

JITEN PARIKH
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)