

L18000171392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

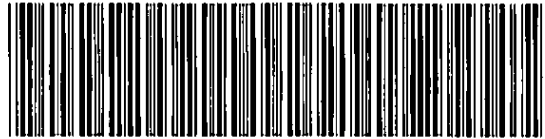
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400315590794

07/13/18--01007--009 **125.00

RECEIVED
JUL 13 2018
10:01 AM
FILING OFFICE
TOLSON

18 JUL 13 AM 10:01

RECEIVED

T COLLINS
JUL 17 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MIRABAI 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:

LAURIE CARDULLO
Name of Person

MIRABAI
Firm/Company

3611 SW. 84TH ST.
Address

GAINESVILLE FL 32608
City/State and Zip Code

MIRABAI.CARDULLO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

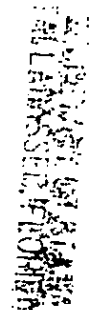
Soren Brockhoff at 352 377-2900
Name of Person Area Code Daytime Telephone Number

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



18 JUL 13 AM 10:01

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIRABAI 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:

3611 SW 84 ST
GAINESVILLE, FL 32608

Mailing Address:

3611 SW 84 ST.
GAINESVILLE, FL 32608

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:

SOKEN BROCKDORF
Name

2627 NW 43RD ST. #301

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

GAINESVILLE, FL 32606

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

18 JUL 13 AM 10:01

CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
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:

LARRY CARDULLO
3601.1 SW 84TH ST.
GAINESVILLE, FL 32608

(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:

Larry Cardullo

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.

LARRY CARDULLO

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)

RECEIVED
AT THE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 JUL 13 AM 10:01

FILED