

L18000262418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

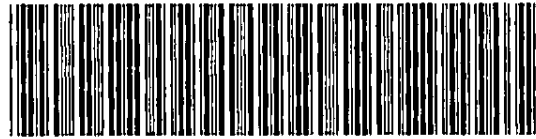
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 NOV 14 AM 8:28
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2018

SRIDHAR KOCHARLAKOTA
11919 ROYCE WATERFORD CIR
TAMPA, FL 33626

SUBJECT: SEVEN STONES, LLC
Ref. Number: W18000088871

RECEIVED
OCT 31 2018
DIVISION OF CORPORATIONS

We have received your document for SEVEN STONES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 818A00022417



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2018

SRIDHAR KOCHARLAKOTA
11919 ROYCE WATERFORD CIR
TAMPA, FL 33626

SUBJECT: SEVEN STONES, LLC
Ref. Number: W18000088871

We have received your document for SEVEN STONES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

You must list at least one incorporator with a complete business street address.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 NOV 14 AM 8:28
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Articles of Organization for Seven Stones Venture 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:

Sridhar Kocharlakota

Name of Person

Seven Stones venture LLC

Firm/Company

11919 Royce Waterford Cir

Address

Tampa, FL 33626

City/State and Zip Code

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

For further information concerning this matter, please call:

Sridhar Kocharlakota

561

267-5333

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:

Seven Stones Venture 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:

11919 Royce Waterford Cir
Tampa, FL 33626

Mailing Address:

11919 Royce Waterford Cir
Tampa, FL 33626

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

Sridhar Kocharlakota

Name

11919 Royce Waterford Cir

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

Tampa,

FL

33626

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..

Sridhar Kocharlakota

11/14/2018

Registered Agent's Signature (REQUIRED)

(CONTINUED)

CLERK OF COURT
DIVISION OF CORPORATIONS
18 NOV 14 AM 8:28
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:

Sridhar Kocharlakota

11919 Royce Waterford Cir

Tampa, FL 33626

MGR

Hiranmayi Palanki

11919 Royce Waterford Cir

Tampa, FL 33626

(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:

Sridhar Kocharlakota

11/14/2018

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.

Sridhar Kocharlakota

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)

STATE OF FLORIDA
DIVISION OF CORPORATION
18 NOV 14 AM 8:28
TAMPA, FLORIDA