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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. KOYAL INVESTMENTS LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Umited Liability Company is:

KOYAL INVESTMENTS LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:

MAJUNG ADDRESS: P. O. BOX 1266

TAVARES, FLORIDA 32778

PHYSICAL ADDRESS: 8136 CENTRALIA COURT SUITE 103

LEESBURG FLORIDA 34788

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:

SUNEETA PINNAMANENI 1121 BRIDGE HOUSE RD WINDERMERE FLORIDA 33837

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..

SUNEETA PINNAMANENI/ Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager
"MGRM" = Managing Member

SUNEETA PINNAMANENI -AMBR 1121 BRIDGE HOUSE RD WINDERMERE FLORIDA 33837

SRIDHAR PINNAMANENI - MGRM 1121 BRIDGE HOUSE RD WINDERMERE FLORIDA 33837

ARTICLE V: Effective date, if other than the date of filling: 4-2-19 (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 filling.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

SUNEETA PINNAMANENI		
<u> </u>	Typed or printed name of signee	

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