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COVER LETTER

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	New Filing Section Division of Corporations
SUBJEC	G. SIKOTAR, LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	STACY SMALL
	Name of Person
	SMITH THOMPSON SHAW, ET AL.
	Firm/Company
	3520 THOMASVILLE ROAD - 4TH FLOOR
	Address
	TALLAHASSEE, FL 32309
	City/State and Zip Code mukeshpatel197484@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	STACY SMALL 850 893-4105 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	Siling Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION OF G. SIKOTAR, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME**.

The name of the Limited Liability Company is **G. SIKOTAR**, **LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION**.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business in Florida for the Company is 6310 Blountstown Highway, Tallahassee, Florida 32310. Such address may be changed from time to time as provided in the Operating Agreement.

5. ADDRESS OF PLACE OF BUSINESS.

The address of the place of business is 6310 Blountstown Highway, Fallahassee, Florida 32310. Such address may be changed from time to time as provided to the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: MUKESHKUMAR PATEL, 4681 Cypress Point Road, Tallahassee, Florida 32305.

7. MANAGEMENT.

The name and address of the person authorized to manage and control the Limited Liability Company are as follows:

MUKESHKUMAR PATEL 4681 Cypress Point Road Tallahassee, Florida 32305

EXECUTED at Tallahassee, Leon County, Florida this 9th day of April, 2019.

MUKESHKUMAR PATEL

MITALEL

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is G. SIKOTAR, LLC.
- 2. The name of the registered agent and office is: MUKESHKUMAR PATEL, 4681 Cypress Point Road, Tallahassee, Florida 32305.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

MUKESHKUMAR PATEL

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