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COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: ANSH MANAGEMENT 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:
DINESHKUMAR PANSURIYA Name of Person
Firm/Company
5000 H TAMIAMI TRAIL Address
SARASOTA FL 34234 City/State and Zip Code DPANSURIYA74 @ GMAIL : COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dineshkumax at (941) 323 - 9574 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANSH A	MANAGEMENT	LLC
	ords "Limited Liability Company, "L	

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

SOUD & TAMFAME TRL SOUD N TAMEAME TRL SARASOTA FL 34234 SARASOTA FL 34234

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:

Principal Office Address:

DIHESHKUMAR PANSURIYA

SOOON TAMIAMI TRL Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34234
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 un familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agents Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" ≈ Authorized Member	Name and Address:	
"MGR" = Manager AMBR	DINESHKUMAR PANSURIYA 5000 H TAMJAMJ TRL SARASOTA, FL 34234 MINESHKUMAR PATEL	
	SOOON TAMIAMI TRL SARASOTA, FL 34234	
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific a the date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other provisions, if any,	A	
REQUIRED SIGNATURE:		
	or an authorized representative of a member.	

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.

DINESHKUMAR PANSURLYA
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)

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