

8/15/201

Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC  
Account Number : I20190000062  
Phone : (239)850-9451  
Fax Number : (866)929-0535

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

Email Address: BARVALIYAHITESH@YAHOO.COM

**FLORIDA LIMITED LIABILITY CO.  
COUNTER NAPLES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 15 AM 11:13  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: COUNTER NAPLES, 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:

HITESH S. BARVALIYA

Name of Person

COUNTER NAPLES, LLC

Firm/Company

10064 MIMOSA SILK DR

Address

FORT MYERS, FL 33913

City/State and Zip Code

BARVALIYAHITESH@YAHOO.COM

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

For further information concerning this matter, please call:

HITESH S BARVALIYA

714

728-5258

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

COUNTER NAPLES, 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:	Mailing Address:
9110 STRADA PL STE 6130 NAPLES, FL 34108	10064 MIMOSA SILK DR FORT MYERS, FL 33913

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:

HITESH S BARVALIYA		
Name		
10064 MIMOSA SILK DR		
Florida street address (P.O. Box NOT acceptable)		
FORT MYERS	FL	33913
City	State	Zip

I, 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..

✓ H. S. Barvaliya  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**HITESH S BARVALIYA10064 MIMOSA SILK DRFORT MYERS, FL 33913MGRMITUL CHOTHANI11148 YELLOW POPLAR DRFORT MYERS, FL 33913MGRRUCHITABEN V RAJPARA13955 CRATER CIRHUDSON, FL 34669

(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:**H. S. Barvaliya

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.

HITESH S BARVALIYA

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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