Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000325574 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Fax Number

Phone : (855) 498-5500 : (800)432-3622

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

Email	Address:			

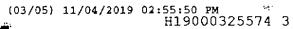
## FLORIDA LIMITED LIABILITY CO. SHRIJI HOLDINGS, LLC

MDV: 0 5 2019

T. SCOTT

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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TO: **New Filing Section** Division of Corporations

SUBJECT	SHRLIT HOLDINGS, LLC
Sonjici	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	HIREN PATEL
	Name of Person
	Firm/Company
	200 CASCADE POINTE LANE, SUITE 103
	Address
	CARY, NORTH CAROLINA 27513
]	City/State and Zip Code HIREN.PATEL@WECAREHOTELS.COM
_	E-mail address: (to be used for future annual report notification)
or further in	nformation concerning this matter, please call:
	HIREN PATEL 919 656-4487
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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	y Company is:			
	SHRUI HO	DLDINGS, L	LC.	
(Must cont			pany, "L.L.C.," or "LLC.")	•
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Li	mited Liability Company is:	
Princip	al Office Address:		Mailing Address:	
200 CASCADE POI	NTE LANE		200 CASCADE POINTE LANE	_
SUITE 103			SUITE 103	_
CARY, NC 27513			CARY, NC 27513	-
The name and the Florida street	address of the registered CHIRAG B. KABRA	_	Q	
	190 E MORSE BOUT	EVARD		
	Florida street address		IOT acceptable)	
	WINTER PARK	FL	32789	
	City	State	Zip	
place designated in this certificate further agree to comply with the pi	I hereby accept the apportion of all statutes resoligations of my position a	intment as re lating to the p as registered of	for the above stated limited liability company at a sistered agent and agree to act in this capacity, proper and complete performance of my duties, agent as provided for in Chapter 605, F.S	. I
		(CONTINU	JED)	

ARTICLE IV-

H19000325574 3

Title:		Name and Address:
'AMBR" =	Authorized Member	
'MGR" = M	lanager	
MGR		HIREN PATEL
		200 CASCADE POINTE LANE, SUITE 103
		CARY, NC 27513
	<del></del>	
	<u>-</u>	
V: Effect	ment if necessary)  ive date, if other than the despited, the date must be	atc of filing: (OPTIONAL)
EV: Effect ective date i f filing.) the date ins nent's effec	ive date, if other than the date must be	specific and cannot be more than five business days prior to or 90 determined the applicable statutory filing requirements, this date will not be
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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)