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To:				<del></del>
	Division of Co	rporations		VOV
	Fax Number	•	: *	8
From:			-	<b>T</b> 200
	Account Name	: FILINGS, INC.		AH
	Account Number			بو
	Phone	: (954)791-2100	ر مرسو	.: ယ
	Fax Number	: (954)583-4117		$\tilde{\sim}$
••Enter anı	the email address wal report maili	s for this business entity to ngs. Enter only one email add	be used for future fress please.**	

## FLORIDA LIMITED LIABILITY CO.

## PA Investment One LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## AKTIKLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	•
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
Prime -	
	incipal office of the Limited Liability Company is:
,	
dress:	Maibug Address:
	6903 Congress St
4663	New Port Richey, FL 34653
ty Company cannot serve as tity with an active Florida re orida street address of the re	s its own Registered Agent. You must designate an individual or egistration.)
Litirarch Patel	
Condi en Palei	Name
	,
	P.O. D. NOW
Florms street sources (	P.O. Box NOT acceptable)
New Port Richey	FL 34653
City	Zip
ited in this certificate, I here agree to comply with the pri	accept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance of the obligations of my position as registered agent as provided for the Chapter 605, F.S.,
	ress: and street address of the pr idress:  4663  pistered Agent, Registered ty Company cannot serve a tity with an active Florida re orida street address of the r  Utkarsh Patel  6903 Congress St  Florida street address ( New Port Richey City  as registered agent and to a ted in this certificate, I here agree to comply with the pr

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	·
MBR	Utkarsh Petel
	6903 Congress SI
	New Port Richey, FL 34853
	<u> </u>
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