1200000		
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	7'003*4'1'9)16537'	•
PICK-UP WAIT MAIL (Business Entity Name) (Cocument Numper)	700341916537 03/13/2001006008 ₩160.	00
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# COVER@LETTERC

TO: New Filing Section Division of Corporations
SUBJECT: DHIEL LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
PRITESH PATEL
Name of Person
8800 20th St
Address
Vero Beach FL 32966
PPatelihop @ Gmail Com
li-mail address: (to be used for future annual reportionotification)
For further information concerning this matter, please call:
Krupal Partal ar 561, 758 5862
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tailahassee, FL 52303

# ARTICLES OF ORGANIZATION FOR FLORIDA/LIMITED LIABILITY/COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LLC

(Must conatin 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:-
8500 20th St Voro B.	eory F2	
<u>5766</u>		
ARTICHE 111.4 Registered Agent, Registered Office The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrati	n Registered Ay	
The name and the Florida street address of the registere Reflection Reflectio	ed agent are:	tel
1	Name	
8800 201	<u>) 87</u>	
Florida street addre	ss (P.O. вох <u>м</u> Юл	ZZAVA
City	State	Zip
uving heen named as registered agent and to accept ser	wee of pracess f	for the above stated limited liability company of the

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. Thereby accept the appointment as registered agent and agree to act in this capticity. The further agree to comply with the provisions of all statutes requiring to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of registered agent as provided for in Chapter 605. F.S.

Agent's Signature (REQUIRED) Registe

(CONTINUED)

20 MAR 13 MM 10:

#### ARTICLE IV-

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

Name and Address: Title: "AMBR" # Authorized Member "MGR" = Manager MAR 32966 mar <70 cadour (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 the 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, **REOWIRED SIGNATURE:** Signature of a member on 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 faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in 3.817.155, F.S. Patel tenh Typed or printed name of signee 20 MAR 13 Filing/Feester \$125.00/Filling Fee for Articles of Organization and Designation of Registered Agent-\$ 30:00 Certified!Copy (Optional) \$ 5.90 Certificate of Status (Optional), AIN HO: DH2