

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (950)617-6381

From:

Account Name : SNYDERBURN, RISHOI & SWANN
Account Number : 120070000142
Phone : (407)647-2005
Fax Number : (407)647-1522

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

Email Address: ameyashinde@gmail.com

**FLORIDA LIMITED LIABILITY CO.
MULTIPLES CAPITAL MANAGEMENT, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

MULTIPLES CAPITAL MANAGEMENT, LLC.

ARTICLE II – Address:

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

Principal Office Address:
2049 Howell Branch Road
Maitland, Florida 32751

Mailing Address:
2049 Howell Branch Road
Maitland, Florida 32751

ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:

The Name and the Florida street address of the registered agent are:

Ameya Shinde

2049 Howell Branch Road
Maitland, Florida 32751

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, Fla. Stat.



Ameya Shinde
Registered Agent's Signature

2020 SEP 18 AM 6:10
STATE
OFFICE, FL

ARTICLE IV:

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The name and address of each person authorized to manage and control the limited liability:

Title:

Name and Address:

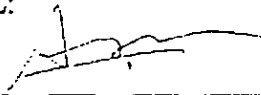
MGR - Manager

Ameya Shinde
2049 Howell Branch Road
Maitland, Florida 32751

ARTICLE V:

Effective date, if other than the date of filing: September 18, 2020.

REQUIRED SIGNATURE:



Signature of member or manager

This document is executed in accordance with §605.0203 (1)(b), Fla. Stat. 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 §817.155, Fla. Stat.

Ameya Shinde

Printed name of signer

2020 SEP 18 AM 6:10
STATE
DOCL, FL