

L200 00359220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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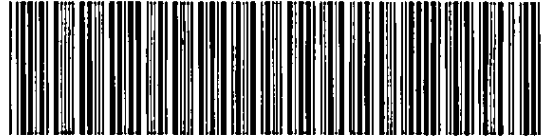
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NINE STAR HOLDINGS 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:

Suresh Mittapalli

Name of Person

Nine Star Holdings LLC

Firm/Company

10980 Wood Eden Ct.

Address

Jacksonville, FL 32256

City/State and Zip Code

Sureshmittapalli@gmail.com

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

For further information concerning this matter, please call:

Suresh Mittapalli at ( 904 ) 294-5363

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NINE STAR HOLDINGS 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:

10980 Wood Eden Ct.  
Jacksonville, FL 32256

Mailing Address:

10980 Wood Eden Ct.  
Jacksonville, FL 32256

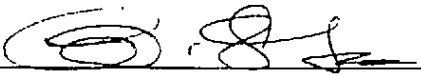
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Sreedhar Dogiparthi  
Name  
3113 E. Banister Road  
Florida street address (P.O. Box **NOT** acceptable)  
St. Augustine, FL 32092  
City State Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MMBR

Jagadeesh Kunda  
2275A SE 33RD CT  
Gammamish, WA 98075

MMBR

Sreedhar Dogiparthu  
3113 E. Banister Road  
St. Augustine, FL 32092

MGR

Suresh Mittapalli  
10980 Wood Eden CT  
Jacksonville, FL 32256

MMBR

Sree Lakshmi Tallam  
22470 Winding Woods Way  
Clarksburg, MD 20871

(Use attachment if necessary) **SEE ATTACHMENT**

**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:**

Suresh Mittapalli

**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.

Suresh Mittapalli

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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TALLAHASSEE, FLORIDA

Attachment: (Continued)

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MMBR

Anil Charugundla

2180 Park Place Cir

Round Rock, TX 78681

MMBR

Ravi K Satyavarapu

9149 W Tennessee Trce

Saint Johns, FL 32259

MMBR

Maheshwar Bachu

64714 Greenland Chase Dr.

Jacksonville, FL 32258

MMBR

Leela Madiseti

65 Fountayne Lane

Lawrenceville, NJ 08648

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