

# L20000 372567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

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12/07/20--01005--018 \*\*125.00

2020 DEC -7 AM 9:48

2020 DEC -7 PM 12:17

**COVER LETTER**

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

**SUBJECT:** Indus Tropical Farms 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:

Andrew Hoek

\_\_\_\_\_  
Name of Person

DeWitt Law Firm, PA

\_\_\_\_\_  
Firm/Company

607 W. Bay Street

\_\_\_\_\_  
Address

Tampa, FL 33606

\_\_\_\_\_  
City/State and Zip Code

industropicalfarms@gmail.com

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

For further information concerning this matter, please call:

Andrew Hoek

813

251-2701

at (\_\_\_\_\_) \_\_\_\_\_

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:

Indus Tropical Farms 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:

Mailing Address:

17523 Buckingham Garden Drive  
Lithia, FL 33547

17523 Buckingham Garden Dr  
Lithia, FL 33547

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:

DeWitt Law Firm PA

Name

607 W. Bay Street

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL

33606

City

State

Zip

2020 DEC - 7 PM 12:17

6:15 PM

*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.,*

DocuSigned by:

Andrew Hoek

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Happy Nature Farm LLC

1350 Smoke Tree Ter

Suwanee, GA 30024

MGR

Varad LLC

30 N GOULD ST, Suite R

SHERIDAN, WY 82801

MGR

Saishaa GN LLC

17523 Buckingham Garden Dr.

Lithia, FL 33547

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/7/2020. (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:**

DocuSigned by

*Aditya Kulkarni*

817397F58F5A485

**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.

Aditya Kulkarni

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)**