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## CORPORATE Whe

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**INSTRUCTIONS:** 

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

## **WALK IN**

6/24 DANNY PICK UP:  $\mathbf{X}\mathbf{X}$ CERTIFIED COPY **PHOTOCOPY** CUS XX LLC **FILING** 1. ARNAV & ADYA LLC (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) SPECIAL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

(Must contain the words "Limited Liabi	ility Commons "L.L.C." or "L.L.C.")
Witter Contain the Words Ellined Elabi	mity company, E.E.C., or E.E.C.,
TICLE II - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1901A STATE ROAD 13 N	
ST. JOHNS, FL 32259	1901A STATE ROAD 13 N ST. JOHNS, FL 32259
	1
ICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
: Limited Liability Company cannot serve as its own Regi	egistered Agent's Signature: istered Agent. You must designate an individual or \( \sum_{\cup \cup \cup \cup \cup \cup \cup \cup
Limited Liability Company cannot serve as its own Reginer business entity with an active Florida registration.)	istered Agent. You must designate an individual or $\succeq \omega$
Limited Liability Company cannot serve as its own Reginer business entity with an active Florida registration.)  name and the Florida street address of the registered ager	istered Agent. You must designate an individual or Section are:
TICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registher business entity with an active Florida registration.)  The name and the Florida street address of the registered agent Registered Agents 1  National Registered Agents 1	istered Agent. You must designate an individual or MECRE LAND IN are:  nt are:  nc.  me
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Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  name and the Florida street address of the registered ager  Registered Agents I  Nat	istered Agent. You must designate an individual or MECRE ASSET ASS

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)

"AMBR" = Manager AMBR  CHAMUNDESHWARI NARMETA  1901A STATE ROAD 13 N ST. JOHNS, FL 32259  (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day date of filing.)  the If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be adocument's effective date on the Department of State's records.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  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.  Amanda J. Beren  Typed or printed name of signee	<u>Title:</u>		Name and Address:
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\$ 30.00 Certificate of Status (Optional)

ARTICLE IV-