

L21000456882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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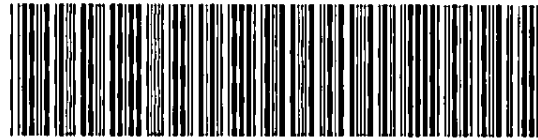
(Business Entity Name)

(Document Number)

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

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2021 OCT 20 PM 3:21

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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2021 OCT 20 AM 8:56  
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TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/20/2021

**\*\*WALK IN\*\***

ENTITY NAME Sunshine Investments68 LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: I20160000072

*E. R. H.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunshine Investments68 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:

2772 Danforth Terrace

Wellington, FL 33414-3418

Palm Beach CountyUS

Mailing Address:

2772 Danforth Terrace

Wellington, FL 33414-3418

Palm Beach CountyUS

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:

Anil k Inapuri

Name

2772 Danforth Terrace

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

Wellington

Florida

33414

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.*

*Anil k Inapuri*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

AMBR

Anil k Inapuri  
2772 Danforth Terrace  
Wellington, FL 33414-3418, US

AMBR

Venkata R Manikonda  
3166 Hartridge Ter  
Wellington, FL 33414, US

AMBR

Rajasekhar Kammili  
135 W Crystal Canyon Cir  
The Woodkands, TX 77389, US

AMBR

Vijita Kondapalli  
16728 SW 16th St  
Pembroke Pines, FL 33027, US

(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 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:**

*Anil k Inapuri*

**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.

Anil k Inapuri

Typed or printed name of signer

**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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HALL COUNTY, FLORIDA

**ARTICLE IV (Attachment)**

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

**Title:**

"AMBR" = Authorized Member "MGR" = Manager

**AMBR:**

Srinivas Prathipati  
11010 LEGACY DR  
205  
Palm Beach gardens, FL 33410  
US

**AMBR:**

PUSHPA TUMMULURI  
9087 Dupont Pl  
Wellington, FL 33414  
US

**AMBR:**

Sujatha Arekapudi  
7152 Streamhaven Dr  
Harrisburg., NC 28075  
US

**AMBR:**

Radha Devi Rimmalapudi  
9024 Dupont pl  
Wellington, FL 33414  
US

**AMBR:**

Aneer Abdul  
2435 Copperfield Dr  
Cumming, GA 30041  
US

**AMBR:**

Jayanthi Babu Gadde  
1393 Forest Ln  
Marion, IA 52302  
US

**AMBR:**

Navya Mandava  
10553 Galleria St  
Wellington, FL 33414  
US

**AMBR:**

Sandhya Koripalli Chiranjeevi  
2844 Shaughnessy Dr  
Wellington, FL 33414  
US

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