

L21000461922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

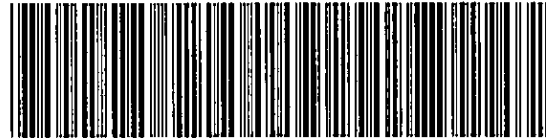
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200375392182

10/22/21--01029--004 **130.00

RECEIVED
TALLAHASSEE, FLORIDA

OCT 22 PM 1:31

7-17D

20

T. BURCH
OCT 25 2021

COVER LETTER

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

SUBJECT: SHREE ADHYAPAN 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:

PINALI PATEL

Name of Person

Firm/Company

3606 ARBOR CHASE Drive

Address

Palm harbor, fl 34683

City/State and Zip Code

Pinalipatel82@gmail.com

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

For further information concerning this matter, please call:

ROOPAL SHAH

813

410-3791

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:

SHREE ADHYAPAN 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:

13160 N DALE MABRY HWY

TAMPA, FL-33618

Mailing Address:

3606 ARBOR CHASE DRIVE

PALM HARBOR.

FL-34683

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:

PINALI PATEL

Name

3606 ARBOR CHASE DRIVE

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

PALM HARBOR

FLORIDA

33618

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.

P. Patel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 JUL 22 PM 1:31

11 D

60

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 _____

PINALI PATEL
3606 ARBOR CHASE DRIVE
PALM HARBOR, FLORIDA-33618

(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:



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.

PINALI PATEL

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)

The following list identifies all stockholders or members ("Owners") of your corporation or LLC. Only individuals (not other corporations or LLCs) may be Owners. If the entity is a corporation, the list identifies the class of stock and the number of shares of each class held by each Owner; if it is an LLC, the list identifies the number of ownership units held by the Owner. For each Owner, the list specifies the Owner's percentage interest.

Owner	Class of Stock	Number of Shares or Membership Units	Percentage Ownership
PINALI PATEL			51%
ROOPAL SHAH			49%

Signature of Corporation Instructor:

P. Patel

THE PURPOSE OF THE CORPORATION OR LLC SHOULD BE AS FOLLOW

The purpose of the SHREE ADHYAPAN LLC shall be to own and operate a Kumon Math and Reading Center Franchise and for all other uses incidental thereto.

FILED
OCT 22 PM 1:31
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA