

L210 0051 4077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

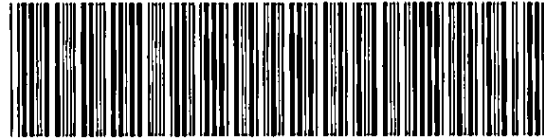
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600377510586

12/07/21 --01:01:36--015 **125.00

2021 DEC -7 PM 7:13

2021 DEC -7 PM 1:36

REC-111

TALLAHASSEE, FLORIDA

D O'KEEFE
DEC 07 2021

COVER LETTER

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

SUBJECT: Amritlal and Sons, 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:

Ajit Patel
Name of Person

Amritlal and Sons, LLC
Firm/Company

1353 Quiet Cove Court
Address

Gulf Breeze, FL 32563
City/State and Zip Code

Ajitp1353@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Palmer at (850) 916-1000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Amritlal and Sons, 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:

710 N. Palafox St.
Pensacola, FL 32501

Mailing Address:

710 N. Palafox St.
Pensacola, FL 32501

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:

Ajit Patel

Name

1353 Quiet Cove Court

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

Gulf Breeze

FL

32563

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.,

DocuSigned by:

Ajit Patel

12/4/2021

520FC4BF27004CD

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 DEC -7 PM 7:10

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

Javandra Patel
3687 Fowler Ridge
Douglasville, GA 30135

MGR

Ajit Patel
1353 Quiet Cove Court
Gulf Breeze, FL 32563

MGR

Kaushik Patel
180 Thrash Road
La Grange, GA 30241

(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:

DocuSigned by:

Ajit Patel

520FC4BF27004CD

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.

Ajit 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)

2021 DEC 07 PM 7:10