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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

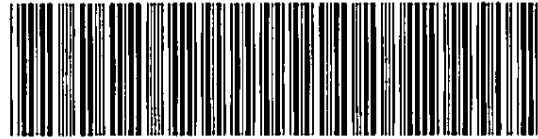
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. O'KEEFE

JAN 12 2022

✓

**COVER LETTER**

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

**SUBJECT:** RISEWELL INVESTMENTS 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:

JAYAPRAKASH POKALA

Name of Person

RISEWELL INVESTMENTS LLC.

Firm/Company

12481 SHADY BRIDGE TRL

Address

JACKSONVILLE.FL.32258

City/State and Zip Code

risewell.investmentsfl@gmail.com

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

For further information concerning this matter, please call:

JAYAPRAKASH POKALA      904      4009405  
at (      )  
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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

RISEWELL INVESTMENTS 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:

12481 SHADY BRIDGE TRL.  
JACKSONVILLE, FL. 32258

Mailing Address:

12481 SHADY BRIDGE TRL.  
JACKSONVILLE, FL. 32258

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:

JAYAPRAKASH POKALA

Name

12481 SHADY BRIDGE TRL.

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

JACKSONVILLE FL 32258

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.*

  
\_\_\_\_\_  
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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

JAYAPRAKASH POKALA  
12481 SHADY BRIDGE TRL  
JACKSONVILLE, FL 32258

AMBR

RADHIKA KANDLAKUNTA  
6298 BATTLEGATE RD  
JACKSONVILLE, FL 32258

MBR

JAGADEESH VINJAMURI  
137 CASTLEBROOK LANE  
ST JOHNS, FL 32081

MBR

MURALI K KANCHANAPALLI  
6445 GREENLAND CHASE BLVD  
JACKSONVILLE, FL 32258

(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.

ADDITIONAL 4 MEMBERS ARE LISTED IN THE ATTACHEMENT.

**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.

Jayaprakash Pokala  
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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Additional members listed below for RISEWELL INVESTMANTS LLC.

Title	Name and Address:
MBR	SATISH KOMPELLA  8955 HAMPTON LANDING DR E JACKSONVILLE, FL, 32256.
MBR	SRIKANTH RENUKUNTA  12795 COLLEGEVIEW DR, UNIT 105 EDEN PRAIRIE, MN, 55347
MBR	MADHAVI GURIJALA  5807 W 140 <sup>TH</sup> TER OVERLAND PARK, KS, 66223
MBR	ASHA NIMMALAPUDI  13011 HENSON CT HERNDON, VA, 20171

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