

# L220000021589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

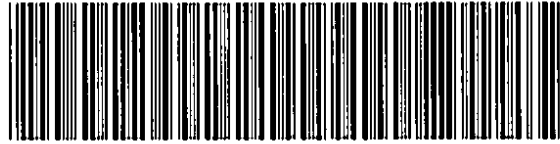
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500380065865

01/20/22--01009--022 \*\*125.00

FILED

2022 JAN 20 PM 3:08

FILED  
2022 JAN 20 AM 11:11  
TALLAHASSEE, FL  
SECRETARY OF STATE

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLORIDA ORCHARD GROVES LLC

Signature \_\_\_\_\_

Requested by: SETH

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

Printer's Printing • Tallahassee, FL 32301

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** FLORIDA ORCHARD GROVES 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:

BHARATESH (BOB) PATEL

\_\_\_\_\_  
Name of Person

ACCOUNTAX SERVICES

\_\_\_\_\_  
Firm/Company

2323 TOPAZ ISLE LANE

\_\_\_\_\_  
Address

APOPKA, FL 32712

\_\_\_\_\_  
City/State and Zip Code

BOB@ACCOUNTAXSERVICE.NET

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

For further information concerning this matter, please call:

BHARATESH (BOB) PATEL      407      252-4538  
\_\_\_\_\_  
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:

FLORIDA ORCHARD GROVES 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:

10437 MEADOW SPRING DRIVE  
TAMPA, FL 33647

Mailing Address:

10437 MEADOW SPRING DRIVE  
TAMPA, FL 33647

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:

ACCOUNTAX SERVICES

Name

2323 TOPAZ ISLE LANE

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

APOPKA

FL

32712

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.*

*bharatesh patel*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2022 JAN 20 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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

ABHIJIT Y PATIL  
1402 LAKE WHITNEY DR  
WINDERMERE, FL 34786

AMBR

RAHUL MHASKAR  
20753 GREAT LAUREL AVE  
TAMPA, FL 33647

AMBR

VIREN DESPANDE  
10437 MEADOW SPRING DR  
TAMPA, FL 33647

AMBR

SENTHIKUMAR VELLORE SUBRAMANIAM  
9633 ORANGE JASMINE WAY  
TAMPA, FL 33647

(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.

FOR ANY AND ALL LAWFUL PURPOSE.

**REQUIRED SIGNATURE:**

*Balaji Aglave*

**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.

BALAJI AGLAVE

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)

**FLORIDA ORCHARD GROVES LLC**

**CONTINUATION TO ARTICLE IV**

TITLE:	NAME AND ADDRESS:
AMBR	AJIT BODAS 44892 LAFAYETTE DR., NOVI, MICHIGAN 48377
AMBR	ASHISH GADRE 1117 OLYMPIA DR., ROCHESTER HILLS, MICHIGAN 48306
AMBR	PRIYA DESAI 18 AUTUMN IN SKILLMAN, NJ 08558
AMBR	DEVENDRA SHENDE 4525 WIKKASTIB RD., CUMMING, GA 30041
AMBR	AARTI SAMEER TANDLEKAR 18804 BIRCHWOOD GROVES DR., LUTZ, FL 33558
AMBR	ALAKNANDA AMOL DEOKULE 18817 CHERRY BIRCH CIRCLE, LUTZ, FL 33558
AMBR	AMIT MARATHE 36163 FREMONT BLVD., APT 59., FREMONT, CA 94536

SIGNED: Balaji Aglave  
BALAJI AGLAVE (AUTH. REPRESENTATIVE)

FILED  
2022 JAN 20 AM 11:19  
TALLAHASSEE, FL