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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
-	(Document Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE

CORPORATE When you need ACCESS to the world

ACCESS, \_\_\_\_ INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## **COVER LETTER**

	r Filing Section ision of Corporations	
SUBJECT.	RACHMIII PI	ROPERTIES LLC.
SUBJECT.	Name of L	imited Liability Company
The enclosed	Articles of Organization and fee(s):	are submitted for filing.
Please return	all correspondence concerning this r	natter to the following:
_	GIRIDHAR A	PACHERLA Name of Person
		Name of Ferson
	RACHMUL PR	Firm/Company
_		Firm/Company
_	144 CANTER	BURY PLACE
	,	Adytess
_	ROYAL PALM	BEACH, FL- 33414  City/State and Zip Code  MAIL: COM
(	GRACHERIAMIC	Chyrstale and Zip Code
_	E-mail address: (to be use	d for future annual report notification)
For further info	ormation concerning this matter, plea	se call:
		<del></del>
GIRIDH		56 758 - 2.34:3  Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filis	ng 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	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



February 8, 2022

**CORPORATE ACCESS** 

SUBJECT: RACHMUL PROPERTIES LLC.

Ref. Number: W22000014063

We have received your document for RACHMUL PROPERTIES LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The AMBR Nrusimha address is not legible. The numbers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Corrected

Letter Number: 422A00003044

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 FEB -9 PH 4: 30

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

144 C	ANTER	BURY	PLACE
ROYAL	PACM	Berte	#

Principal Office Address:

Malling Address:

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:

CIRIDHAR RACHERLA

Name

144 CANTGRBURY PLACE
Florida street address (P.O. Box NOT acceptable)

ROYAL PALM BEACH, FL - 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.

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	CIPIDHAR RACHERLA 1194 CANTERBURY PLACE ROYAL PALM BEACH, FL-33414
AMBR 18	1848 CAMERN CREST DR TAMPA, FI - 33626
	2022 FEB -9
(Use attachment if necessary)  REICLE V: Effective date if other than the date	of filing: 02-05-2022 (OPTIONAL)
If an effective date is listed, the date must be spo he date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

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

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.

GIRIDHAR RACHERLA
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)