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# CAPITAL CONNECTION, INC.

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

SUNBIZ TROPICAL GROWERS LLC	
	<del></del>
	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
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

#### COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		ROPICAL GROWERS L	LC		
SUBJEC		Name of Lir	nited Liabili	y Company	
The enclo	osed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please ret	turn all correspo	ondence concerning this ma	atter to the fo	ollowing:	
	BHARATES	SH (BOB) PATEL			
			Name of	Person	
	ACCOUNT	AX SERVICES			
			Firm/Cor	npany	
	2323 TOPA	Z ISLE LANE			
			Addre	SS	
	APOPKA, F	TL 32712			
	вов@ассо	OUNTAXSERVICE.NET	City/State and	l Zip Code	
	1	E-mail address: (to be used	for future a	inual report notificat	ion)
For further	information co	ncerning this matter, pleas	e call:		
	BHARATES	H (BOB) PATEL 4	07	252-4538 )	
				Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
■\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section De The Centre of Tallaha 2415 N. Monroe Stre	assee et, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

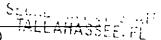
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The name of the Limited Liability Company is:

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Principal Office Address:

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



Mailing Address:

#### ARTICLE II - Address:

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

20753 GREAT LAUREL AVENUE
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 SER	VICES	
	Name	
2323 TOPAZ ISLE	LANE	
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# 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	ALAKNANDA AMOL DEOKULE 18817 CHERRY BIRCH CIRCLE LUTZ, FL, 33558	
AMBR	RAHUL MHASKAR 20753 GREAT LAUREL AVENUE TAMPA, FL, 33647	
AMBR	DEEPAK VASANTRAO WAGII 18806 BIRCHWOOD GROVES DRIVE LUTZ, FL, 33558	2027 APR
AMBR	MAMATHA RAJESH 18837 CHERRY BIRCH CIRCLE LUTZ, FL 33558	AHASS AHII:
effective date is listed, the date mus te of filing.) If the date inserted in this block doe	the date of filing: (OPTIC it be specific and cannot be more than five business days process not meet the applicable statutory filing requirements, this	rior to or 90 days
cument's effective date on the Depa CLE VI: Other provisions, if any. ANY AND ALL LAWFUL PURPO:		
REQUIRED SIGNATURE:	Rahul Mhaskar	
		<del></del>
This document is I am aware that a	of a member or an authorized representative of a member of a membe	ida Statutes.

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)

# **SUNBIZ TROPICAL GROWERS LLC**

# ARTICLE IV-

<u>Title:</u>	Name and Address:
AMBR	ADITI 2020 TRUST
	4564 PECOS COURT
	FREMONT, CA 94555
AMBR	MANGESH KAUSHIKKAR
	18618 NOBLE CASPIAN DRIVE
	LUTZ, FL 33558
AMBR	ANURADHA KHOT
	18823 CHERRY BIRCH CIRCLE
	LUTZ, FL 33558
AMBR	AMIT PAWAR
	125 CONNEMARA WAY, UNIT 143
	SUNNYVALE, CA 94087
AMBR	BIBHISHAN KARADKAR
	34542 SOMERSET TER
	FREMONT, CA 94555
AMBR	PRAVIN RAMBHAU GAWANDE
	18931 WILLOWMORE CEDAR DRIVE
	LUTZ, FL 33558
AMBR	RISHA REALTY LLC
	18815 ALDER GLEN DR
	LUTZ, FL 33558

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