

L22000163012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ 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: SUNBIZ TROPICAL GROWERS 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:

☒ \$125.00 Filing 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

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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR 18 AM 11:58

SUNBIZ TROPICAL GROWERS LLC

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

SECRET
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:20753 GREAT LAUREL AVENUE
TAMPA, FL 3364720753 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 SERVICES

Name


2323 TOPAZ ISLE LANEFlorida street address (P.O. Box **NOT** acceptable)APOPKAFL32712

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:

<u>AMBR</u>	<u>ALAKNANDA AMOL DEOKULE</u> <u>18817 CHERRY BIRCH CIRCLE</u> <u>LUTZ, FL, 33558</u>
<u>AMBR</u>	<u>RAHUL MHASKAR</u> <u>20753 GREAT LAUREL AVENUE</u> <u>TAMPA, FL, 33647</u>
<u>AMBR</u>	<u>DEEPAK VASANTRAO WAGH</u> <u>18806 BIRCHWOOD GROVES DRIVE</u> <u>LUTZ, FL, 33558</u>
<u>AMBR</u>	<u>MAMATHA RAJESH</u> <u>18837 CHERRY BIRCH CIRCLE</u> <u>LUTZ, FL 33558</u>

(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:

Rahul Whaskar

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.

RAHUL MHASKAR

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)

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STATE OF FLORIDA
TALLAHASSEE, FL

FILED

SUNBIZ TROPICAL GROWERS LLC

ARTICLE IV-

<u>Title:</u>	<u>Name and Address:</u>
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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