

L22000188936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

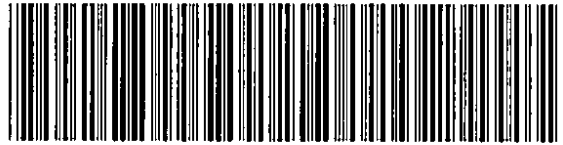
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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05/05/22--01008--018 **125.00

RECEIVED
2022 MAY -5 PM 2:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
2022 MAY -5 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

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

Orange Blossom at Stonelake LLC

Signature _____

Requested by: SETH

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: Orange Blossom at Stonelake 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:

Aditya Kulkarni

Name of Person

Firm/Company

17523 Buckingham Garden Drive

Address

Lithia, Florida 33547

City/State and Zip Code

akventure@gmail.com

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

For further information concerning this matter, please call:

Aditya Kulkarni

614

270-9464

at ()

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 MAY -5 PM 2:42

Orange Blossom at Stonelake LLC

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

SECRETARY OF STATE
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:17523 Buckingham Garden Drive
Lithia, Florida 3354717523 Buckingham Garden Drive
Lithia, Florida 33547

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:

DeWitt Law Firm P.A.

Name

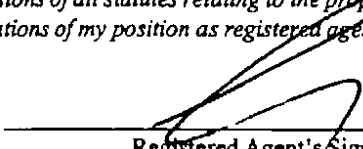
1560 West Cleveland StreetFlorida street address (P.O. Box **NOT** acceptable)TampaFlorida33606

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:

MGR

Dr. Rainikant C Patel
2414 Tea Olive Terrace
Valrico, Florida 33594

MGR

Pallavi Yeotikar
6339 Knob Tree Dr
Lithia, Florida 33547

MGR

Garden 2 Grow
13809 Lake Fishhawk Dr
Lithia, Florida 33547

MGR

BSY Ventures LLC
4605 Stonchedge Rd
Edison, NJ 08820

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TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/05/2022 (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.

REQUIRED SIGNATURE:

DocuSigned by:

Aditya Kulkarni

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.

Aditya Kulkarni

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)

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:

MGR

Yedai LLC
2517 Peckskill Road
Vahico, Florida 33594

MGR

Ritu Singla
35 Glenluce Ct
Springboro, Ohio 45066

MGR

Square Feet Investment LLC
7507 Yardley Way
Tampa, Florida 33647

MGR

Shiv109, LLC
2218 Branch Hill St
Tampa, Florida 33612

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TALLAHASSEE, FL

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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Aditya Kulkarni

047387F56F6A4B6...

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.

Aditya Kulkarni

Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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:

MGR

Parag Pitale
10108 Arbor Run Dr
Tampa, Florida 33647

MGR

Chandranabha LLC
6310 Knob Tree Dr
Lithia, Florida 33547

MGR

Saishaa GN LLC
17523 Buckingham Garden Dr
Lithia, Florida 33547

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/05/2022. (OPTIONAL)

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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Aditya Kulkarni

Signature of a member or an authorized representative of a member.

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