## L22000229636

(Reque	stor's Name)
(Addres	is)
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(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only



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ISION OF CURPURATIONS ALLAHASSEE, FLORIDA RECEIVED 2022 MAY 13 PM 3: 52

TILEU 022 HAY 25 AM 8: (

## COVER LETTER

TO: New Filing Section Division of Corporation	\$		
EILAND 36750 INV SUBJECT:	ESTMENT LLC		
3000ECT.	Name of Limited	Liability Company	
The enclosed Articles of Organizat	tion and fee(s) are sub-	mitted for filing.	
Please return all correspondence co	oncerning this matter to	o the following:	
AJAY PATEL			
	Na	me of Person	
EILAND 36750 INVE	STMENT LLC		
<u> </u>	Fi	rm/Company	· · · · · · · · · · · · · · · · · · ·
36750 EILAND BLVI	)		
		Address	
ZEPHYRHILLS,FLO	RIDA.33541		
AAAA_007@YAHOO	•	ate and Zip Code	
<del></del>		uture annual report notificati	ion)
For further information concerning t	his matter, please call:		
AJAY PATEL	813 at (	786-7046	
Name of Perso	on Area C	ode Daytime Telephon	e Number
Enclosed is a check for the followi	ng amount:		
	cate of Status (	□\$155.00 Filing Fee & Certified Copy ditional 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 Di	
Division of Corp P.O. Box 6327	OTHIORS	The Centre of Tallaha 2415 N. Monroe Stree	
Tallahassee, FL	32314	Tallahassee, FL 3230.	



May 16, 2022

AJAY PATEL 36750 EILAND BLVD. ZEPHYRHILLS, FL 33541

SUBJECT: EILAND 36750 INVESTMENT LLC

Ref. Number: W22000062549

We have received your document for EILAND 36750 INVESTMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Letter Number: 722A00011128

May 25th

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	DTI	(1	Ľ.	1	_ Na	ma

The name of the Limited Liability Company is:

FILED

2022 MAY 25 AM 8: 30

THE A NID	2/760	1 1 1 1 1 1 1 1 1 1	MENT LLC
THE A VI	וור / חור	III VENI	MPRILL

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

<del>SEGRETA</del>RY OF STATE TALLAHASSEE, FL

ARTICLE II - Address:			TALLAH
The mailing address and street add	ress of the principal offi	ce of the Limited L	iability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
36750 EILAND BLVD	)	435 <u>0</u> I	HIGHCROFT DR
ZEPHYRHILLS,FLOF	UDA.33541	WESL	LEY CHAPEL, FLORIDA. 33545
The name and the Florida street ad	dress of the registered a	gent are:	
	}	Name	
	4350 HIGHCROFT DE	<b>t</b>	
	Florida strect address (	P.O. Box <u>NOT</u> acc	eeptable)
	WESLEY CHAPEL	FLORIDA	33545
	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..

A.v. Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	DT	rte	'I E	' IV_	

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

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address: er	
AMBR	A & H INVESTMENT LLC 4350 HIGHCROFT DR WESLEY CHAPEL.FLORIDA.33545	_ _ _
AMBR	DEEPESH PATEL 128 WAPPINGERS FALLS.NY.12590	_ _ _
<u>AMGR</u>	AJAY PATEL 4350 HIGHCROFT DR WESLEY CHAPEL.FL.33545	_ _ _
AMBR	CHANDRAVADAN J PATEL 2623 CLARK ROAD, TAMPA.FLORIDA.33618	_ _ _
(If an effective date is listed, the date $\pi$ the date of filing.)	an the date of filing: 11/05/2022 (OPTIONAL) nust be specific and cannot be more than five business days prior to or 9 does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	•
ARTICLE VI: Other provisions, if any. REALESTATE INVESTMENT		
Signatu This documen I am aware tha	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of Statutes, hird degree felony as provided for in s.817.155, F.S.	 20