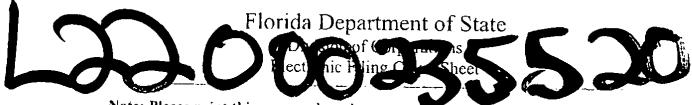
Division of Corporations



Note: Please print this page and use it as a cover-sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : DIRUV MANAGEMENT

Account Number : 120170000032

Phone

: (813)951-0222

Fax Number

: (727)499-2716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

patel@dhruv management.com

FLORIDA LIMITED LIABILITY CO.

V & K Investment Fund 2 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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			COVER LET	TER	Q.		
TO:	New Filing So Division of Co				•/		
Strates	V & K In	vestment Fund 2 LLC					
SUBJEC	_ I:	Name of	Limited Liabi	lity Company		_	
The encl	osed Articles o	f Organization and fee(s) are submitted	i for filing.			
Please re	turn all corresp	ondence concerning thi	s matter to the	following:			
	Utkarsh Pa	iel					
	 -	<u> </u>	Name o	Person			
	Dhruv Man	agement					
			Firn/Co	ompany			
	6903 Cong	ree St					
			Addı				
			Addi	css			
	New Port R	ichey, FL 34653					
	upatel@dluu	vmanagement.com	City/State an	d Zip Code			
		E-mail address: (to be u	sed for future a	nnual report notificati	ion)		
For further	information ce	ncerning this matter, ple	ase call:				
	Utkarsh Pate	·i	813	951-0222			
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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
V & K Investment Fund 2 LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6903 Congress St	6903 Congress St
New Port Richey, FL 34653	New Port Richey, FL 34653

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:

To: 18506176381

Vijay Patel		
	Name	
6903 Congress St		
Florida street address	(P.O. Box NOT a	cceptable)
New Port Richev	FL	34653
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)

To: 18506176381

Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma	nagei		
AMBR		Vijay Patel 6903 Congress Št	
		New Port Richey, FL 34653	
		sew i dir Riches, Fr. 140.5	······································
			
			
			
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