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A small, handwritten mark or signature in the bottom right corner of the page.

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RAIZADA, 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:

Paul G. Schlichte, Esq.

 Name of Person

Ray A. Schlichte, Jr., P.A.

 Firm/Company

2134 Hollywood Blvd.

 Address

Hollywood, FL 33302

 City/State and Zip Code

pschlichte@schlichtelaw.com

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

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 RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

For further information concerning this matter, please call:

Paul G. Schlichte, Esq. 954 923-4604
 _____ 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAIZADA, LLC

(Must contain the words "Limited Liability 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:

1111 Biscayne Blvd., Phase 1, Apt. #1407
Miami, FL 33181

1111 Biscayne Blvd., Phase 1, Apt #1407
Miami, FL 33181

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:

Sangecta Raizada

Name

1111 Biscayne Blvd., Phase 1, Apt. #1407

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33181

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.

Sangecta Raizada

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Deepak Raizada
11111 Biscayne Blvd., Phase I, Apt. #1407
Miami, FL 33181

MGR

Deepak Raizada
11111 Biscayne Blvd., Phase I, Apt. #1407

AMBR

Sangeeta Raizada
11111 Biscayne Blvd., Phase I, Apt. #1407
Miami, FL 33181

AMBR

Shiv Raizada
11111 Biscayne Blvd., Phase I, Apt. #1407
Miami, FL 33181

(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.

REQUIRED SIGNATURE:



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.

Sangeeta Raizada

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)

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MAY 20 2012
MAY 20 2012

ATTACHMENT

Title

Name and Address

AMBR

Natasha Raizada
11111 Biscayne Blvd., Phase 1, Apt. #1407
Miami, Fl 33181

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FILE