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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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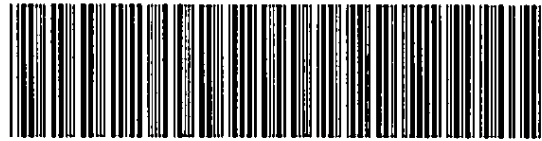
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. O'KEEFE

JUL 21 2022

**COVER LETTER**

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

**SUBJECT:** SHREE ADHYA SHAKTI 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:

Dhrumil Rakeshkumar Patel, Trustee of The Dhrumil Rakeshkumar Patel 2022 Revocable Trust dated May 26, 2022.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1312 BRIDLE PATH

\_\_\_\_\_  
Address

COOKEVILLE TN 38501

\_\_\_\_\_  
City/State and Zip Code

DHRUMIL6PATEL@GMAIL.COM

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

For further information concerning this matter, please call:

DHRUMIL PATEL                      931                      284-2435  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

SIREE ADHYA SHAKTI 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:

2635 BUENA VIEW ROAD  
KISSIMMEE, FL 34746

Mailing Address:

1312 BRIDLE PATH  
COOKEVILLE, TN 38501

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:

Dhruvil Rakeshkumar Patel, Trustee of The Dhruvil Rakeshkumar Patel 2022 Revocable Trust dated May 26, 2022.

Name

2635 BUENA VIEW ROAD

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

<u>KISSIMMEE</u>	<u>FL</u>	<u>34746</u>
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)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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"

**Dhrumil Rakeshkumar Patel, Trustee of The Dhrumil Rakeshkumar Patel 2022  
Revocable Trust dated May 26, 2022.**

1312 Bridle Path Cookeville, TN 38501

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CLERK OF DISTRICT COURT  
ALABAMA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/28/22. (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.

Dhrumil Rakeshkumar Patel, Trustee of The Dhrumil Rakeshkumar Patel 2022  
Typed or printed name of signee Revocable Trust dated May 26 2022

**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)