

To: 18506176381

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From: Dhruv Management

Fax: 7274992716

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DHRUV MANAGEMENT

Account Number : I20170000032 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.\*\*

# FLORIDA LIMITED LIABILITY CO.

Ocala 484 Investment LLC

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SUBJEC		4 Investment LLC				
		Name	of Limi	ted Liabil	ity Company	
The enclo	sed Articles o	f Organization and fee	(s) are	submitted	for filing.	
Please ret	um all corresp	ondence concerning t	his mat	ter to the	following:	
	Utkarsh Pat	el				
				Name of	Person	
	Dhruv Man	agement				
				Firm/Co	nipany	
	6903 Congr	ress Si				
	•			Addr	czą	
	New Port R	ichey, FL 34653				
			Cit	y/State an	d Zip Code	
	upatel@dhru	vmanagement.com				
		E-mail address: (to be	used fo	or future a	nnual report notifica	tion)
For further	information co	oncerning this matter, p	please o	all:		
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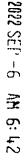
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Certified Copy (additional copy is enclosed)



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ocala 484 Investment LLC

To: 18506176381

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

#### 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:

Vijay Patel		
	Name	
6903 Congress St		
Florida street address	(P.O. Box <u>NOT</u> ac	eceptable)
New Port Richey	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 um 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: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Vijay Patel 6903 Congress St New Port Richey, FL 34653 (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.

Vijay Patel Typed or printed name of signee

## 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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