

L22000 466041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

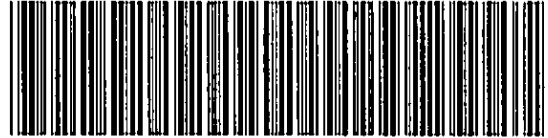
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/13/22--01030--007 \*\*160.00

22 NOV - 1 PM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 NOV -1 PM 3:29

September 28, 2022

SAKSHIKA DHINGRA  
14480 GARDEN GATE DR  
JACKSONVILLE, FL 32258

SUBJECT: ONKAR TECH LLC  
Ref. Number: W22000123133

We have received your document for ONKAR TECH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

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.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 922A00021583

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22 NOV -1 PM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**COVER LETTER**

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

**SUBJECT:** ONKAR TECH 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:

SAKSHIKA DHINGRA  
Name of Person

Firm/Company

14480 GARDEN GATE DR  
Address

JACKSONVILLE, FL - 32258  
City/State and Zip Code

sakshika1@gmail.com / SAKSHIKAD1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sakshika at (201) 323-6200  
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 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

22 NOV - 1 PM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

**FILED**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FILED**

**22 NOV - 1 PM 7:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

ONKAR TECH 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:**

14480 Garden Gate Dr  
Jacksonville, FL - 32258

**Mailing Address:**

14480 Garden Gate Dr  
Jacksonville, FL - 32258

**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:

Saksika Dhingra  
Name

14480 Garden Gate Dr  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32258  
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.*

Saksika Dhingra  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 NOV - 1 PM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

VIVESH SHARMA  
19480 Garden Gate Dr  
Jacksonville, FL 32258

(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.

\_\_\_\_\_  
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)

2 NOV - 1 PM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Name: Sakshika Dhingra  
Address: 14480 Garden gate dr, Jacksonville – FL 32258  
Daytime telephone: 201-323-6200

**FILED**

22 NOV - 1 PM 7:06

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

# ONKAR TECH 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:

14480 Garden Gate Dr  
Jacksonville, FL - 32258

### Mailing Address:

14480 Garden Gate Dr  
Jacksonville, FL - 32258

## 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:

Saksika Dhingra  
Name

14480 Garden Gate Dr  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32258  
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.

Saksika  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
22 NOV - 1 PM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

22 NOV - 1 PM 7:06

SECRETARY 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

VIVESH SHARMA  
14480 Garden Gate Dr  
Jacksonville, FL - 32258

(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.)

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**REQUIRED SIGNATURE:**



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\_\_\_\_\_  
Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name: Sakshika Dhingra  
Address: 14480 Garden gate dr, Jacksonville – FL 32258  
Daytime telephone: 201-323-6200

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FILED

22 NOV -1 PM 7:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA