To:

Page: 2 of 4 2023-04-04 16:03:53 CDT 157112

From: Carol Penchana

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. KRISHAN INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
KRISHAN INVESTMENT LLC	
(Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4020 DAIRY ROAD	258 ULSTER LANE
MELBOURNE, FL 32904	MELBOURNE, FL 32935
ARTICLE III - Registered Agent, Registered Office, & 1 (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered ag SUNITA RANI	gistered Agent. You must designate an individual or ent arc:
7	ame

 4020 DAJRY ROAD

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

 MELBOURNE
 FL
 32904

 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. Thereby 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, E.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 APR -5 PH 1:24

Title:		Name and Address:
"AMBR" = Authorized	d Member	
"MGR" = Manager		
AMBR		SUNITA RANI
		4020 DAIRY ROAD MELBOURNE, FL 329304
		MELBOURNE, FIL 323304
	_	48 - 48 - 48 - 48 - 48 - 48 - 48 - 48 -
	-	
(Use attachment if nec		CONTICALLA
an effective date is listed, the	e date must be specific ar	3:
te: If the date inserted in the document's effective date of	is block does not meet the on the Department of State	applicable statutory filing requirements, this date will not be listed as 's records.
mich P.H. O.S (dan)	. :Ca	
TICLE VI: Other provisions		
REQUIRED SIGNA	TURE:	
	Sonita R.	10- 10/0 h
	71341261 K.	(374) MM)
	Signature of a member of	or an authorized representative of a member.
This	iocument is executed in a	ecordance with section 605.0203 (1) (b). Florida Statutes. nation submitted in a document to the Department of State
i am a	iware mai any faise inform	as provided for in s.817.155, F.S.
consu	naces a timo degree testiny	ad provided for in story reserve.
	SUNITA RANI	d or printed name of signee
	444	

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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)