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# COVER LETTER

	New Filing Sec Division of Cor							
CUBIEC		DADA, LLC						
SUBJECT: Name of Limited Liability Company								
The enclos	sed Articles of	Organization and fe	e(s) are s	ubmitted	for filing.			
Please reti	urn all correspo	ondence concerning	this matte	er to the fe	ollowing:			
	ANN BLAC	к						
				Name of	Person			
	SMITH, THOMPSON, SHAW, ET AL.							
	Firm/Company							
	3520 THOMASVILLE ROAD, 4TH FLOOR							
				Addre	ess	····		
	TALLAHAS	SEE, FLORIDA						
	jay011156@g	mail.com	City	/State and	l Zip Code			
	I	E-mail address: (to b	e used fo	r future a	nual report notificati	ion)		
For further	information co	ncerning this matter	, please c	all:				
	ANN BLACE	<	850 at (		893-4105			
	Nam	e of Person	_	Code	Daytime Telephon	e Number		
Enclosed i	is a check for th	ne following amoun	l:					
≅\$125.00	0 Filing Fee	□\$130.00 Filing Certificate of Sta	lus	Certific	0.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address			:	Street Address				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION OF ARYA & DADA, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

# 1. <u>NAME</u>.

The name of the Limited Liability Company is ARYA & DADA, LLC (hereinafter referred to as the "Company").

## 2. PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

# PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

### 4. MAILING ADDRESS AND PRINCIPAL PLACE OF BUSINESS.

The mailing address of the business is **101 Spooner Road**, **Quincy**, **Florida 32351-5613**. Such address may be changed from time to time as provided in the Operating Agreement.

## REGISTERED AGENT.

The initial registered agent in Florida for the Company is: **Jitendra D. Patel**; located at 101 Spooner Road, Quincy, Florida 32351-5613.

### 6. MANAGEMENT.

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Jitendra D. Patel 101 Spooner Road Quincy, Florida 32351-5613 Lata Jitendra 101 Spooner Road Quincy, Florida 32351-5613 the second secon

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is ARYA & DADA, LLC.
- 2. The name of the registered agent and office is: **Jitendra D. Patel; Quincy**, **Florida 32351-5613**.

# **ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

Jitendra D. Patel, Registered Agent

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