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### COVER LETTER

TO:	New Filing Sec Division of Cor							
entone	ARYA & I	BA, LLC						
SUBJE	CI:	Name o	f Limited Liabil	ity Company				
The enc	losed Articles of	Organization and fee(	s) are submitted	for filing.				
Please r	eturn all correspo	ondence concerning th	is matter to the	following:				
	ANN BLAC	K						
			Name of	Person				
	SMITH, THOMPSON, SHAW, ET AL.							
	Firn/Company							
	3520 THOMASVILLE ROAD, 4TH FLOOR							
	Address							
	TALLAHAS	SSEE, FLORIDA						
			City/State ar	d Zip Code				
	jay011156@g				<del></del>			
	Į	E-mail address: (to be	used for future a	annual report notificat	ion)			
For furthe	er information co	ncerning this matter, p	lease call:					
ANN BLACK		850 (	893-4105					
	Nam	ne of Person	Area Code	Daytime Telephon	e Number			
Enclose	d is a check for t	he following amount:						
<b>■</b> \$125	.00 Filing Fee	□S130.00 Filing Fe Certificate of Statu	s Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 OF ARYA & BA, 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. NAME.

The name of the Limited Liability Company is ARYA & BA, 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.

## 5. **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 **EXECUTED** at Quincy, Florida this 30 day of May, 2023.

Jitendra D. Patel

Lata Jitendra

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 & BA, 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