

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.  
Account Number : 120200000174  
Phone : (239)262-5303  
Fax Number : (239)262-6030

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

Email Address: conrad@swfloridalaw.com

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**FLORIDA LIMITED LIABILITY CO.  
MASTAG, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MASTAG, 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:

Conrad Willkomm Esq.

\_\_\_\_\_  
Name of Person

Law Office of Conrad Willkomm, P.A.

\_\_\_\_\_  
Firm/Company

3201 Tamiami Trail N, 2nd Floor

\_\_\_\_\_  
Address

Naples, FL 34103

\_\_\_\_\_  
City/State and Zip Code

conrad@swfloridalaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conrad Willkomm, Esq.

239

262-5303

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

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\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
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Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MASTAG, LLC

(Must end with 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:9060 Glenforest Drive  
Naples, FL 34120Mailing Address:9060 Glenforest Drive  
Naples, FL 34120**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:

Law Office of Conrad Willkomm, P.A.

Name

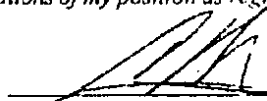
3201 Tamiami Trail N, 2nd FloorFlorida street address (P.O. Box **NOT** acceptable)NaplesFlorida34103

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 am 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)

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 CLERK OF DISTRICT COURT  
 TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

MGR

**Name and Address:**

Ajith K. Dominic

9060 Glenforest Drive

Naples, FL 34120

George Kumpuckal

21247 Walnut Hill Rd

Danville, IL 61834

Joseph A. Nedumgottil

8951 Royal Drive

Burr Ridge, IL 60527

Shardul Nanavathi

210 Cuddy Court

Naples, FL 34103

(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.

This is a manager managed company. Any manager may take any action on behalf of the company without consent of the members or other manager(s).

**REQUIRED SIGNATURE:**

*Ajith K. Dominic*

Ajith K. Dominic (Jun 26, 2023 10:30 EDT)

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.

Ajith K. Dominic

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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DEPT OF STATE

**ARTICLE IV (continued)-**

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

**Title: Name and Address:**

"AMBR" = Authorized Member

"MGR"

**MGR**

Ajit Rampurc

3650 Kaneff Crescent, Suite 2401

Mississauga, Canada L5A 4A1

**MGR**

Dr. Manas K. Mukherjee, Ph.D and Mukta Mukherjee, Trustees of The Mukherjee Family

Living Trust, dated August 6, 2022

237 Biscayne Street

Bloomigdale, IL 60108

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