-23000450684

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmoss Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hanlon Road LL	С			
Please Debit FCA	A000000003 For: 125	5		
Thank you Seth N	Veeley			
1-4-	7		=	
- Hely			Art of Inc. File	
			LTD Partnership File	
			Foreign Corp. File	
			L.C. File	
			Fictitious Name File	
		<u> </u>	Trade/Service Mark	
			Merger File	
			Art, of Amend. File	
			RA Resignation	
			Dissolution / Withdrawal	
			Annual Report / Reinstatement	
		<u></u>	Cert. Copy	
			Photo Copy	
			Certificate of Good Standing	
			Certificate of Status	
		<u> </u>	Certificate of Fictitious Name	
			Corp Record Search	
,			Officer Search	
1			Fictitious Search	
			Fictitious Owner Search	
Signature			Vehicle Search	
			Driving Record	
Requested by:			UCC 1 or 3 File	
			UCC 11 Search	
Name	Date	Time	UCC 11 Retrieval	
Walk-In	Will Pick Up _		Courier	

COVER LETTER

TO:	New Filing Section Division of Corporation	18			
CHID IT	Hanlon Road LLC				
SUBJE	C1;	Name of Lir	nited Liabil	ty Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of Organiza	ntion and fee(s) ar	e submitted	for filing.	
Please r	eturn all correspondence o	oncerning this ma	atter to the f	ollowing:	
	Bharat Gupta				
		· · · · · · · · · · · · · · · · · · ·	Name of	Person	
	· · · · · · · · · · · · · · · · · · ·		Firm/Co	тралу	
	2540 Kittbuck Way				
		<u> </u>	Addr	255	
	West Palin Beach, FL	. 33411			
		C	lity/State an	l Zip Code	
	bbgupta123@gmail.co				
	E-mail ad	dress: (to be used	for future a	nnual report notificati	ion)
or furthe	er information concerning	this matter, please	e call:		
	Bharat Gupta		51	389-9654)	
	Name of Perso		rea Code	Daytime Telephon	e Number
Enclosed	d is a check for the follow	ing amount:			
≣\$ 125.		0.00 Filing Fee & cate of Status	Certific	6.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section of Corporation (Corporation of Corporation (Corporation) P. O. Baye (137)	on oorations		Street Address New Filing Section Di The Centre of Tallaha	issee

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must	.C		
	contain the words "Limited Liab	bility Company,	"L.L.C.," or "LLC.")
TICLE II - Address:			
	et address of the principal office	c of the Limited	Liability Company is:
<u>Prir</u>	ncipal Office Address:		Mailing Address:
2540 Kittbuck W		2540) Kittbuck Way
When But Do 1	b EL 33311		t Palm Beach, FL 33411
her business entity with	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.)	Registered Ager	it's Signatura
FICLE III - Registered Limited Liability Comp her business entity with	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.) eet address of the registered age	Registered Ager	it's Signatura
FICLE III - Registered Limited Liability Comp her business entity with	Agent, Registered Office, & Reany cannot serve as its own Registration.) an active Florida registration age eet address of the registered age Bharat Gupta	Registered Ager	it's Signatura
FICLE III - Registered Limited Liability Comp her business entity with	Agent, Registered Office, & Reany cannot serve as its own Registration.) an active Florida registration age eet address of the registered age Bharat Gupta	Registered Ager gistered Agent. Y	it's Signatura
FICLE III - Registered Limited Liability Comp her business entity with	Agent, Registered Office, & Reany cannot serve as its own Registration.) eet address of the registered age Bharat Gupta Na	Registered Ager gistered Agent. ' ent are:	it's Signature: You must designate an individ
FICLE III - Registered Limited Liability Comp her business entity with	Agent, Registered Office, & Reany cannot serve as its own Registration.) eet address of the registered age Bharat Gupta Na 2540 Kittbuck Way	Registered Ager gistered Agent. ' ent are:	it's Signature: You must designate an individ

Hanhe I plafuri ind I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Bharat B Gupta
Registered Agent's Signature (REQUIRED)

(CONTINUED)

7 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Bharat Gupta
•	2540 Kittbuck Way
	West Palm Beach, FL 33411
· <u> </u>	
	•
EV: Effective date, if other than the d	iate of filing: (OPTIONAL)
EV: Effective date, if other than the d ctive date is listed, the date must be f filing.)	specific and cannot be more than five business days prior to or 90 (
EV: Effective date, if other than the d ctive date is listed, the date must be f filing.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not
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ARTICLE IV-