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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX SAVERS
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Phone : (941)625-1925
Fax Number : (941)625-1526

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

Email Address: __ashekaroff@itwconsulting.com

73 SEP 29 PM 4:28

FLORIDA LIMITED LIABILITY CO. VDSD LLC

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T. MATTHEWS

OCT - 2 2023

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SEP 29 PM 2: 45

ARTICLE I - Name:			LILLIARY OF STATE
The name of the Limited Liability	Company is:		TALLAHASSEE, FL
	VDSD	LLC	
(Must contact	in the words "Limited Li	iability Company, "L.L.(C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal off	ice of the Limited Liabil	ity Company is:
Principa	d Office Address:		Mailing Address:
14808 HARRY CO	OLT CT	14808 H	ARRY COLT CT
TAMPA, FL 3362	6	TAMPA	, FL 33626
	ALE	Name Name	
	1480	8 HARRY COLT CT	
	Florida street address (P.O. Box NOT acceptable)		ccepiable)
	TAMPA	FLORIDA	33626
	City	State	Zip
lace designated in this certificate, I	hereby accept the appoint visions of all statutes rela	niment as registered agei iting to the proper and co	estated limited liability company at the not and agree to act in this capacity. I complete performance of my duties, and I wided for in Chapter 605, F.S

(CONTINUED)

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4	RTI	1 1	h.	11.

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ALEXANDER SHEKHAR 14808 HARRY COLT CT
	TAMPA, FL 33626
AMBR	VICTORIA SHEKHAR
	14808 HARRY COLT CT
	TAMPA, FL 33626
(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 appropriate document's effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of Stille \$1	ecords.
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS	
ANY AND ALL LAWFUL BUSINESS	······································
REQUIRED SIGNATURE:	-
	0)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section (05,0203 (1) (b), Florida Statues. 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.

ALEXANDER SHEKHAR

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)