**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003727993)))



H230003727993ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DHRUV MANAGEMENT Account Number : I20170000032 Phone : (813)951-0222 Fax Number : (727)499-2716

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

Email Address: upatel@dhruvmanagement.com

# FLORIDA LIMITED LIABILITY CO.

# **HV Investment One LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

10/25/22

## COVER LETTER

	New Filing Section Division of Corporations				
SURIFC	HV Investment One LLC				
00000	Name of	Limited Liabil	ity Company	<del></del>	
The enclo	sed Articles of Organization and fee(s	) are submitted	for filing.		
Please ret	urn all correspondence concerning this	s matter to the 1	iollowing:		
	Utkarsh Patel				
		Name of	Person		
	Dhruv Management				
	-	Firm/Co	mpany		
	6903 Congress St				
	<del> </del>	Addr	CSS		
	New Port Richey, FL 34653				
	upatel@dhruvmanagement.com	City/State an	d Zip Code		
	E-mail address: (to be u	sed for future a	nnual report notificatio	n)	
For further	information concerning this matter, plo	ease call:			
	Utkarsh Patel	813	951-0222		
	Name of Person		Daytime Telephone		
Enclosed :	is a check for the following amount:				
	0 Filing Fee □\$130,00 Filing Fee Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy)s enclose	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see 🦿 😳	CT 25 PH 1: 1

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

HV Investment One LLC

(Must contain 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:

Mailing Address:

6903 Congress St

New Port Richey, FL 34653

6903 Congress St New Port Richey, F1, 34653

### 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:

Vijay Patel Name

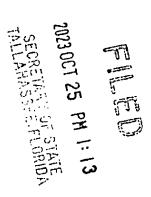
6903 Congress St Florida street address (P.O. Box NOT acceptable)

New Port Richey FL 34653
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 I 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)



\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

. . . .

Title:	Same and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Vijay Patel 6903 Congress St
	New Port Richey, FL 34653
(Use attachment if necessary)	Jalo of Glaver (COPTION: A L.)
CLE V: Effective date, if other than the d effective date is listed, the date must be ite of filing.)  If the date inserted in this block does no	late of filing:
CLE V: Effective date, if other than the d effective date is listed, the date must be ite of filing.)	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the d effective date is listed, the date must be ite of filing.)  If the date inserted in this block does no becoment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the d effective date is listed, the date must be ite of filing.) If the date inserted in this block does no ocument's effective date on the Departme CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lient of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be to of filing.)  If the date inserted in this block does not be determined to the Department's effective date on the Department's effective date of the Department's effective da	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li