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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

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

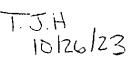
FLORIDA LIMITED LIABILITY CO.

HS Investment One LLC

Certificate of Status	0
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COVER LETTER

	ew Filing Sec vision of Co				
SUBJECT	HS Investment One LLC Name of Limited Liability Company				
30 bare.					
The enclose	d Articles of	Organization and fee(s) are	: submitted for filing.		
Please retur	mall correspo	ondence concerning this ma	tter to the following:		
	Utkarsh Pate	:1			
			Name of Person		
	Dhruy Mana	gement			
			Firm/Company		
	6903 Congre	ess St			
			Address		
	New Port Ri	chey, FL 34653			
ı	ipatel@dhrus	Ci management.com	ity/State and Zip Code		
_	ŀ	E-mail address: (to be used	for future annual report notificat	ion)	
For further in	formation co	ncerning this matter, please	call:		
	Utkarsh Patel	81 	3 951-0222		
-	Nam		rea Code Daytime Telephon	ne Number	
Enclosed is	a check for th	ne following amount:			
≣ \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABBLITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

HS 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, FL 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:

Name

6903 Congress St

Florida street address (P.O. Box <u>NOT</u> 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)

2023 OCT 25 PM 4: 15
SECRETABLE OF STATE
ORIGINAL OF STATE

ARTICLE IV-

The name and address of each	person authorized to me	anage and control the	Limited Liability Company:
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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Vijay Patel 6903 Congress St New Port Richey, FL 34653
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	niaRatel
Signature of a This document is executed as a second secon	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, the information submitted in a document to the Department of States

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.

Vijay Patel

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)