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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

nter 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.

## **UV Investment One LLC**

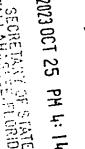
Certificate of Status	0
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### COVER LETTER

	Sew Filing Sec Division of Co						
SUBJEC"		ment One LLC					
300400	·	Name of Lin	nited Liabil	ty Company	<u>.</u>		
The enclo	sed Articles of	Organization and fcc(s) are	e submitted	for filing.			
Please reti	irn all corresp	ondence concerning this ma	itter to the f	ollowing:			
	Utkarsh Pat	el					
		-	Name of	Person			
	Dhruy Mana	igement					
	***************************************		Firm/Co	mpany			
	6903 Congr	ess St					
	Address						
	New Port R	ichey. FL 34653					
	upatel@dhru	C vmanagement.com	ny/State and	l Zip Code			
		E-mail address: (to be used	for future a	nnual report notificat	ion)		
For further i	nformation co	ncerning this matter, please	call:				
	Utkarsh Pate			951-0222			
	Nan		rea Code	Daytime Telephon	e Number		
Enclosed i	s a check for t	he following amount:					
≣\$125,00	) Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certific	i.00 Filing Fee & ed Copy d copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
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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



From: Dhruy Management

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: UV 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: Mailing Address: Principal Office Address: 6903 Congress St 6903 Congress St New Port Richey, FL 34653 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:

To: 18506176381

Vijav Patel

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..

Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETASSES STATES

AMBR	Vijay Patel	
71010215	6903 Congress St	
	New Port Richey, FL 34653	
	<del> </del>	<del></del>
		· · · ·
se attachment if necessary)		

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.

REQUIRED SIGNATURE:

VijaRatel

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.

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)

2023 OCT 25 PH 4: 15
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