Fax: 7274992716

Division of Corporations Electronic Filing Cover Sheet

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(((H23000417377 3)))



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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 Fax Number : (727)499-2716

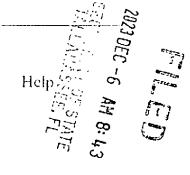
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_upatel@dhruvmanagement.com

FLORIDA LIMITED LIABILITY CO. North Dale Mabry RE LLC

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

Electronic Filing Menu Corporate Filing Menu



From: Dhruy Management

COVERTETTER

To: 18506176381

		· ·	OVERLETT	EK		
	New Filing Sec Division of Cor					
SUBJEC		Mabry RE LLC				
002000		Name of I	Limited Liabili	ty Company		
The enclo	sed Articles of	Organization and fee(s)	are submitted	for filing.		
Please ret	urn all correspo	ondence concerning this	matter to the fo	ollowing:		
	Utkarsh Pate	·l				
			Name of	Person		
	Dhruv Mana	gement				
			Firm/Cor	npany.		
	6903 Congre	ess St				
			Addro	ss		
	New Port Ri	chey, FL 34653				
	upatel@dhruv	management.com	City/State and	l Zip Code		
	E	E-mail address: (to be us	ed for future ar	mual report notificatio	n)	
For further	information cor	ncerning this matter, ple	ase call:			
	Utkarsh Patei		813	951-0222		
	Name	e of Person		Daytime Telephone	Number	
Enclosed	is a check for th	ne following amount:				
置\$125.0	0 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New Fi Divisio P.O. Bo	g Address ling Section in of Corporations ox 6327 issee, FL 32314	7 1 2	Street Address New Filing Section Div The Centre of Tallahas (415 N. Monroe Street Tallahassee, FL 32303	Suite 810	PILED 023 DEC -6 AH B: 1.3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

T IN	4.1	•		4.4			•,	-		
AR	11	L	L	t.	ι	•	'n	а	m	c:

The name of the Limited Liability Company is:

North Dale Mabry RE 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	6903 Congress St
New Port Richey, FL 34653	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.)

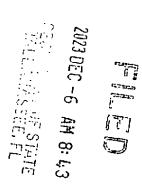
The name and the Florida street address of the registered agent are:

	Name	
6903 Congress St		
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
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)



. . . .

To: 18506176381

Fax: 7274992716

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Vijay Patel 6903 Congress St New Port Richey, FL 34653
	THE WAY THE
(Use attachment if necessary) LE V: Effective date, if other than the date fective date is listed, the date must be s	te of liling:, (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
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