

L24000181161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

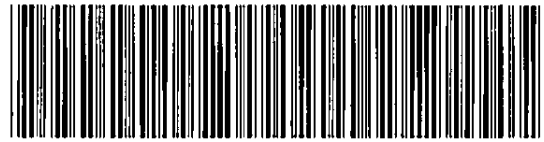
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/15/24--01019--017 **160.00

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PRUDENT JAX INVESTMENT CLUB LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Prabhu Gubbi

Name of Person

Firm/Company

405 Labarre Ct.

Address

Saint Johns, FL. 32259

City/State and Zip Code

drgubbi@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SanthoshKumar Paladagula	904	338-8976
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRUDENT JAX INVESTMENT CLUB 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:

405 Labarre Ct,
Saint Johns, FL, 32259

Mailing Address:

405 Labarre Ct,
Saint Johns, FL, 32259

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:

SanthoshKumar Paladagula

Name

8159 Highgate Dr,

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL

32216

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Prabhu Gubbi
405 Labarre Ct,
Saint Johns, FL, 32259

MGR

SanthoshKumar Paladagula
8159 Highgate Dr,
Jacksonville, FL, 32216

MGR

Mahesh Hulikere
123 Dock House Road,
Saint Johns, FL 32259

MGR

Mahesh Shivamallappa
7837 Mount Ranier Drive
Jacksonville, FL 32256

(Use attachment if necessary)

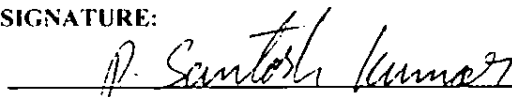
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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:



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.

SanthoshKumar Paladagula

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Devaraj Gaonkar
9177 Starpass Dr,
Jacksonville, FL, 32256

MGR

Parag Shah
8764 Canopy Oaks Dr,
Jacksonville, FL 32256

MGR

Navinkumar Suvarna
10506 Shamrock Rd,
Jacksonville, FL, 32256

MGR

Ravindra Suryanarayana
108 Canopy Forest Drive,
Saint Augustine, FL, 32092

(Use attachment if necessary)

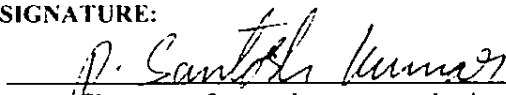
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