

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L24000196540**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SHRUTHIKA TRADING LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
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FILED  
2024 MAY 1 11:10 AM  
TALLAHASSEE, FLORIDA

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2024 MAY - 1 AM 8:22  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SHRUTHIKA TRADING 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:

MD ABUL KALAM AZAD

Name of Person

SHRUTHIKA TRADING LLC

Firm/Company

3991 NW 41 ST

Address

LAUDERDALE LAKES, FL 33309

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

PALLAB MAJUMDER 954 907-3841  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

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

2024 MAY -1 AM 8:23

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DIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SHRUTHIKA TRADING 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:

3991 NW 41 ST  
LAUDERDALE LAKES, FL 33309

3991 NW 41 ST  
LAUDERDALE LAKES, FL 33309

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

MD ABDUL K. AZAD

Name

3991 NW 41 ST

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

LAUDERDALE LAKES FL 33309

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 ~~his~~ 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, FS*

MD Abul K. Azad

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:**

AMBR

MD ABDUL K. AZAD

3991 NW 41 ST

LAUDERDALE LAKES, FL 33309

AMBR

PALLAB MAJUMDER

3991 NW 41 ST

LAUDERDALE LAKES, FL 33309

(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:**

*MD Abul K. Azad*

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.

MD ABDUL K. AZAD

Typed or printed name of sign **e**

**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)