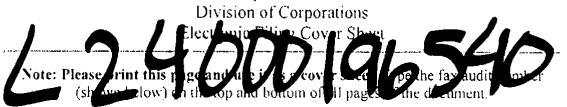
Florida Department of State



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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
Estimated Charge	S160.00

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COVER LETTER

TO:	New Filing Sec Division of Co				•	
SUBJE		KA TRADING LI	-C			
D(111)1,	<u> </u>	Nar	ne of Limited	Liability Compny		-
The enc	losed Articles of	Organization and	fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concernin	g this matter t	o the following:		
	MD ABUL	KALAM AZAD				
			Na	ime of Percin		
	SHRUTHIK	A TRADING LLO	% 			
			H	miKingay		
	3991 NW 41	ST				
				Adhes	,	
	LAUDERDA	ALE LAKES, FL	13309			
	AIMET@EX	PRESSTAXSVCS	-	tate and Zip Code		
	ı	E-mail address: (to	be used for fi	uture annual report no	etification)	
For furthe	er information co	ncerning this matte	er, please call:			
	PALLAB MA	AJUMDER	954 at (907-3841		
		a of Person	Area C		lephone Number	-
Enclose	d is a check for t	he following amou	nt:			
□\$125.00 Filing Fee □\$130.00 Filin Certificate of St		tatus (S155.00 Filing Fee Certified Copy ditional copy is enclo	Certificate (sed) Certified (Filing Fee, e of Status & Popy copy is end one	
						r

MailingAddress

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

d

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 "L1.C.")

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	3991 NW 41 ST
LAUDERDALE LAKES, FL 33309	LAUDERDALE LAKES, FL 33309

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:

MD ABDUL K. AZAI	D	
	Nim	
3991 NW 41 ST		
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
LAUDERDALE LAK	ES_FL_	33309
CJA'	State	Zio

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. Thereby accept the appointment as registered agent and agree to act in Pis 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 Clapte 605. FS

Registered Agent's Signature (PEQ) HED

(CONTINUED)

A	M.	ľ	C1	LE I	IV.

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	MD ABDUL K. AZAD 3991 NW 41 ST LAUDERDALE LAKES, FL 33309
<u>AMBR</u>	PALLAB MAJUMDER 3991 NW 41 ST LAUDERDALE LAKES, FL 33309
(Use attachment if necessary)	
(If an effective date is listed, the date must be speci the date of filing.)	filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	abulk and
	Abul K. Azad ber or an authorized representative of a member.
Signature of a memi	per 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 €

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)