

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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: UpdatedDhruvmanagement.com

FLORIDA LIMITED LIABILITY CO.

DM Miramar Beach Hotel LLC

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

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COVER LETTER

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

SUBJECT: DM Miramar Beach Hotel 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:

Utkarsh Patel

Name of Person

Dhruv Management

Firm/Company

6903 Congress St

Address

New Port Richey, FL 34653

City/State and Zip Code

upatel@dhruvmanagement.com

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

For further information concerning this matter, please call:

Utkarsh Patel	813	951-0222
<u>Name of Person</u>	<u>at (</u>	<u>)</u>
	<u>Area Code</u>	<u>Daytime Telephone Number</u>

Enclosed is a check for the following amount:

<input checked="" 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 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DM Miramar Beach Hotel 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:

6903 Congress St
New Port Richey, FL 34653

Mailing Address:

6903 Congress St
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:

Vijay Patel

Name

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..

Vijay Patel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

