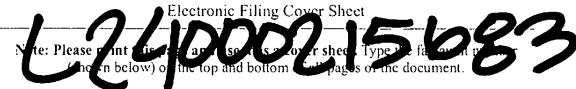
Division of Corporations

Florida Department of State

Division of Corporations



(((H24000173800 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

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@dhruvamangement.com

FLORIDA LIMITED LIABILITY CO.

Homosassa Hotel Investment LLC

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

Electronic Filing Menu Corporate Filing Menu

Help.

COVER LETTER

TO:	New Filing Section Division of Corpo			*	•	
SUBJE		otel Investment I.I.C	•			
OCDGE		Name of Limited Liability Company				
The en	closed Articles of Or	ganization and fee(s	are submitte	ed for filing.		
Please	return all correspond	ence concerning this	matter to the	: following:		
	Utkarsh Patel					
	, .		Name	of Person		
	Dhruy Manage	nent				
	Firm/Company					
	6903 Congress St					
	Address					
	New Port Richey, FL 34653					
	upatel@dhruvm:	inagement,com	City/State	and Zip Code		
			sed for future	annual report notificat	ion)	
or furth	er information conce	rning this matter, ple	ase call:			
	Utkarsh Patel	31	813	951-0222		
	Name o	f Person	Area Code	Daytime Telephon	e Number	
Enclose	ed is a check for the	ollowing amount:				
■\$125.00 Filing Fee		Certi	55.00 Filing Fee & fied Copy and copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	<u>Mailing /</u> New Filin			Street Address New Filing Section D	ivision 2	

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

E 2024 HAY 13 PH LOTA

5/14/2024 13:07:39 EDT To: 18506176381 Page: 4/5 From: Dhruy Management Fax: 7274992716

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
of the principal office o	of the Limited Liability Company is:	
Principal Office Address:		
	6903 Congress St	
S	New Port Richey, FL 34653	
_	e <u>e Address</u> :	

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

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.,

6903 Congress St

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

5/14/2024 13:07:39 EDT

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
AMBR	Vijay Patel 6903 Congress St New Port Richey, FL 34653			
·				
(Use attachment if necessary)				
If an effective date is listed, the date must be s he date of filing.)	te of filing:			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:				
This document is exec I am aware that any fal	number or an authorized representative of a member, auted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.			
Vijay Patel	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 States (Optional)

- \$ 5.00 Certificate of Status (Optional)