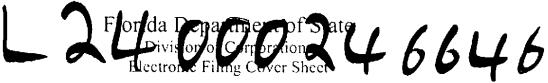
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001951173)))

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-63**8**1

From:

Account Name : DHRUV MANAGEMENT Account Number : 120170000032 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@dnruvamangement.com

FLORIDA LIMITED LIABILITY CO.

Anchor Real Estate One LLC

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

Tallahassee, FL 32314

COVER LETTER

1.	Division of Cor					
SUBJEC		al Estate One LI	.C			
		N	ame of Li	mited Liabi	lity Company	
The enclos	sed Articles of	Organization an	d fee(s) a	re submitte	d for filing.	
Please reti	urn all correspo	ndence concern	ing this m	atter to the	following:	
	Utkarsh Pate	l				
				Name o	f Person	
	Dhruv Manaj	gement				
				Pirm/Co	ompany	
	6903 Congre	ss St				
	_			Add	ress	
	New Port Ric	they, FL 34653				
	upatal@dl.ma	management.co		ity/State ar	nd Zip Code	
,				for future	annual report notificat	ion)
For further i	nformation con	cerning this ma	ter. pleas	e cail:		
	Utkarsh Patel			13	951-0222	
	Name	of Person	Ā	rea Code	Daytime Telephon	e Number
Enclosed is	s a check for th	e following amo	unt:			
≣\$125.00	Filing Fee	☐\$130.00 Fili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address ing Section			Street Address New Filing Section D	ivicion
	Division	i of Corporation	is		The Centre of Tallaha	issee
	P.O. Bo	x 6327			2415 N. Monroe Stre	ct. Suite 810

Tallahassee, FL 32303

6/3/2024	17 10:29	EDT

To. 18506176381

Page: 4/5

From: Dhruy Management Fax: 7274992716

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

٨	RT	TC	LF:	I - Name:

The name of the Limited Liability Company is:

Anchor Real Estate One 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:

6903 Congress St

New Port Richey, FL 34653

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 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.,

6/3/2024 17:10.29 EDT Tc: 18506176381 Page: 5/5 From: Ohruv Management Fax: 7274992716

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Vijav Patel
	Vijay Patel 6903 Congress St New Port Richey, FL 34653
	New Port Richey, FL 34653
(Use attachment if necessary) CLE V: Effective date, if other than the date effective date is listed, the date must be store of filing.)	te of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.)	meet the applicable statutory filing requirements, this date will not be I
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Departmen CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be I
CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.) If the date inserted in this block does not cument's effective date on the Department of the Department	meet the applicable statutory filing requirements, this date will not be let of State's records.
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