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From: Aimet Arenas



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.

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

From:

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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:
OVISION OF RECOVERENT OF STORE OF STORE

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COVER LETTER

TO: New Filing Section Division of Corporations

ROHIT LLC SUBJECT:

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:

ROHITKUMAR K SUKHADIYA

Name of Person

ROHIT LLC

lim tanny

2200 S TAMIAMI TRAIL

Address

VENICE, FL 34293.

City/State and Zip Cole

AIMET/@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

E	ROHITKUN	IAR K SUKHADIYz - 3 at t	05	364-5123			
-	Dán		irea Code	Daytime Telephon	e Number	2	AIC .
Enclosed is a	a check for t	he following amount:				NDC 4202	
⊒\$125.00 I	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	El\$155.00 Filing Fee & ■\$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is end cred)		FILED ST	
	New F Divisi P.O. B	ngAddress Hing Section on of Corporations tox 6327 assee, FL 32314		<u>Street Address</u> New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et. Suite 810	3: 38	STATE CATIONS

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Mailing Address:

From: Aimet Arenas

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

ROHIT 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 Add	
2200 S TAMIAMI TRAIL	2200 S TAMIAMI TRAIL	
VENICE, FL 34293	VENICE, FL 34293	

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:

ROHITKUMAR K	SUKHADIYA	
	מווּא	
2200 8 TAMIAMI *	FRAIL	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
VENICE	FL	34293
C ķ ∕	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company a the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in Fis capacity. T further agree to comply with the provisions of all statutes relating to the proper and complete performance d my duties, and 1am familiar with and accept the obligations of my position as registered agent as provided for in Clapter 605, ES

Rohitkumar K Sukhadiya Registered Agent's Signature (REQUIRED)

(CONTINUED)

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From: Aimet Arenas

ARTICLE IV-

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

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.)

<u>Note:</u> 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.

ARTICLEVI: Other provisions, if any,

REQUIRED SIGNATURE:

Rohitkumar K Sukhadiya

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.

ROHITKUMAR K, SUKHADIYA Typed or printed name of sign c

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent