

L24000296896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

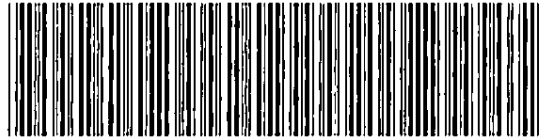
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COLONIAL CREST LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

FILED

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**COVER LETTER**

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

**SUBJECT:** COLONIAL CREST 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:

MITUL CHOTHANI

Name of Person

COLONIAL CREST LLC

Firm/Company

11148 YELLOW POPLAR DR

Address

FORT MYERS FL 33913

City/State and Zip Code

mitulchothani@yahoo.com

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

For further information concerning this matter, please call:

MITUL CHOTHANI

239

936-5943

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLONIAL CREST 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:

11148 YELLOW POPLAR DR  
FORT MYERS FL 33913

Mailing Address:

11148 YELLOW POPLAR DR  
FORT MYERS FL 33913

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:

MITUL CHOTHANI

Name

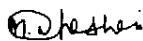
11148 YELLOW POPLAR DR

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

<u>FORT MYERS</u>	<u>FL</u>	<u>33913</u>
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.*





Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

HITESH BARVALIYA  
10064 MIMOSA SILK DRIVE  
FORT MYERS FL 33913

MGR

MITUL CHOTHANI  
11148 YELLOW POPLAR DR  
FORT MYERS FL 33913

MGR

DIYA BUSINESS INC  
9711 GLADIOLUS BULB LOOP  
FORT MYERS FL 33908

MGR

SHIVAMDMLLC  
1606 PEBBLE BEACH ST  
LONGVIEW TX 75605

(Use attachment if necessary) PLEASE SEE ATTACHMENT

**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.)

**Note:** 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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Mitul Chothani

**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.

MITUL CHOTHANI

Typed or printed name of signer

**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)

ATTACHMENT TO ARTICLES OF ORGANIZATION  
COLONIAL CREST LLC

ARTICLE IV

TITLE	NAME AND ADDRESS
MGR	JIGAR J JADAV
	21333 BUNYAN CIRCLE,
	GERMANTOWN, MARYLAND 20876
MGR	RONAK PATEL
	9365 VIA MURANO CT
	FORT MYERS, FL 33905
MGR	NILESH D KOTADIYA
	8456 FOWLER LN
	EASTVALE, CA 92880
MGR	GOPAL SOJITRA
	7632 VILLA ROSA CT
	EASTVALE CA 92880