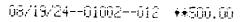
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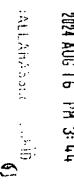
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Certified Copies	Certificates	of Status
Supplied Instructions to Fil	inn Officers	
Special Instructions to Fil	ing Officer:	





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## **CORPORATE** ACCESS,

## When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	CERTIFIED COPY		
XX	РНОТОСОРУ		
	GS		
XX	FILING	LLC	· :
	DEVANSH FIVE LLC		<u> </u>
(6	CORPORATE NAME AND DO	CUMENT #)	•
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	. <del>.</del>	OCTATES TO #0	
	CORPORATE NAME AND DO		
	CORPORATE NAME AND DO	COMENT #/	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabilit	y Company is:				
DEVANSH FIVE LI				_	
(Must cont	ain the words "Limited I	iability Con	npany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street ad	ddress of the principal of	fice of the L	limited Liability Company is:		
Deimping Office Address			Mailing Address:		
Principal Office Address:					
5700 NW 23RD STREET		<del></del>	5700 NW 23RD STREET		
GAINESVILLE, FL	32653	<del></del>	GAINESVILLE, FL 32653	_	
		<del></del>		_	
ARTICLE III - Registered Age					
			Agent. You must designate an individual or		
another business entity with an a	ictive Florida registration	1.)		-	
The name and the Florida street	address of the registered	agent are:			
	AARZOO PATEL				
	MARZOOTATEL	Name		•	
5700 NW 23RD STREET				;	
Florida street address (P.O. B		(P.O. Box)	NOT acceptable)		
	GAINESVILLE	FL	32653	-	
	City	State	Zip		
			for the above stated limited lighting community	ar elsa	
			for the above stated limited liability company egistered agent and agree to act in this capaci		
			proper and complete performance of my dutie		
am familiar with and accept the ob	ligations of my position a	s registered	agent as provided for in Chapter 605, F.S		
		(C) + 1 D T C	0.0.17751		
	/S/ AARZOO PATEL				
	Registered Agent's Signature (REQUIRED)				
		(CONTIN	UED)		

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	AARZOO PATEL  24421 SW 8th pl  Newberry, FL 32669
AMBR	PALAKKUMAR PATEL 4512 Expressway Dr S Ronkonkoma, NY 11779
AMBR	BALDEV PATEL  6 Milton Ln  Syosset, NY 11791
(Use attachment if necessary)	
the date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·
REOUIRED SIGNATURE:	
/S/ AARZOO I	PATEL
Signature of a member or a	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.

AARZOO 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 Status (Optional)