

L24000420099

10-4-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300436970823

09/25/24--01019--009 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 25 PM 10: 01

LAW OFFICES
LAWRENCE D. FELDER, P.A.

7900 Nova Drive Suite 205
Davie, Florida 33324

TELEPHONE: (954) 524-8808

TELEFAX: (954) 289-6992

September 19, 2024

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

RE:

**ARTICLES OF ORGANIZATION OF
PANCATATHAGATA, LLC**

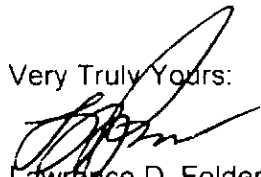
Dear Sirs:
.0

Enclosed please find enclosed properly signed and executed articles of Organization for PANCATATHAGATA, LLC and a check made payable to the Florida Department of State in the filing fee amount of \$125.00.

Concerning this filing please see our letterhead for the name, address and daytime telephone number for any contact necessary concerning this filing.

Please feel free to contact me should you have any questions.

Very Truly Yours:



Lawrence D. Felder, Esq.

LDF/

Enclosures: Articles of Organization: Check \$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 25 PM 10: 02

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pancatathagata 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:

RAHUL SCUDDER
Name of Person
Pancatathagata LLC
Firm/Company
9075 ALEXANDRA CIRCLE
Address
WELLINGTON, FLORIDA 33414
City/State and Zip Code
rahulscudder@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Felder, Esq. at (954) 524-8808
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:

Pancatathagata 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:

120 NW 70TH STREET # 103
BOCA RATON, FLORIDA 33487

Mailing Address:

9075 ALEXANDRA CIRCLE
WELLINGTON, FLORIDA 33414

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:

RAHUL SCUDDER

Name

9075 ALEXANDRA CIRCLE

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

WELLINGTON FLORIDA 33414

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..

x



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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR.MGR

RAHUL SCUDDER
9075 ALEXANDRA CIRCLE
WELLINGTON,FLORIDA 33414

(Use attachment if necessary)

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:



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.

RAHUL SCUDDER

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)

24 SEP 25 PM 10: 02

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**