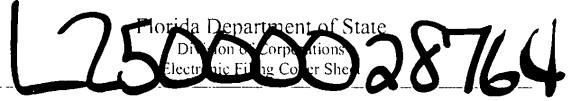
Division of Corporations



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Fax Number : (850)617-6381

From:

Account Name : DHRUV MANAGEMENT Account Number : I20170000032 : (813)951-0222 : (727)499-2716 Fax Number

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Email Address: kpatel@dhruvmanagement.com

# FLORIDA LIMITED LIABILITY CO. Ocala 484 RE 4 LLC

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## COVER LETTER

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SUBJEC	T. Ocala	484 RE 4 LLC			
1,01,01,0	••	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Organization and fee(s) are	submitted for tiling.		
Please ret	urn all correspo	ondence concerning this ma	tter to the following:		
	Kirtan Pate	<u> </u>			
			Name of Person		
			Firm/Company		<del></del>
	6903 Congre	ess St			
		<del></del>	Address		
	New Port Ri	chey, FL, 34653			
		Ci	ty/State and Zip Code		<del></del>
		vamangement.com			<u>.                                 </u>
	I	E-mail address; (to be used	for future annual report notificati	on)	
For further	information co	ncerning this matter, please	cail:		
	Kirtan Pa				2025
	Nam	e of Person Ar	ea Code Daytime Telephon	e Number	171 2025 JAN 22
Enclosed	is a check for th	ne following amount:			2
≣\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Certificate of Sta Certified Copy: (additional copy is	- Ø

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

1/22/2025 11:35:04 EST To: 18506176381 Page: 4/5 From: Dhruv Management

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ľĺ	$\mathbf{C}$	LE	1 -	Na	me:
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The name of the Limited Liability Company is:

#### Ocala 484 RE 4 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 Dability Company is:

# Principal Office 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:

	Name	
6903 Congress St		
Florida street address (	P.O. Box <u>NOT</u> a	(cceptable)
New Port Richey	FL	34653
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. Thereby 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)

Fax: 7274992716

Fax: 7274992716

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Vijav Patel
	6903 Congrass St. New Port Richey, FL 34653
A THE CANADA A CONTROL OF THE PARTY OF THE P	A DOMANDA MATERIA SHIP BUT BUT A SHIP SHE SHE SHE CHILLE CO. T. C.
(Use attachment if necessary)	
the date of filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
VIJaRatel	
This document is execu I am aware that any false	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Vijay Patel	
-l-l-	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)

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