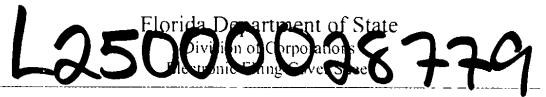
Division of Corporations



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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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

kpatel@dhruvmanagement.com

# FLORIDA LIMITED LIABILITY CO.

## Ocala 484 RE 9 LLC

Certificate of Status	0
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Page Count	04
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Help

12:12:01 EST

Fax: 7274954.

COVER LETTER

TO:	New Filing Secti Division of Corp					
SUBJE	CT: Ocala 4	84 RE 9 LLC				
V/ X/ X-1/ 12		Name o	of Limite	d Liabili	ty Company	
The end	dosed Articles of C	Organization and fee	(s) arc su	bmitted	for filing.	
Please r	return all correspon	dence concerning th	ns matter	to the fo	ollowing:	
	Kirtan Patel	<u> </u>				
				lame of	Person	
				irn/Coi	117 H237	
	ADOX Commen	. 84	,	ame or	mpany	
	6903 Congres			Addre		
	New Port Rich	ncy, FL, 34653		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			City	State and	t Zip Code	
	kpatel@dhruv	mangement.com			······	
	E-	mail address; (to be	used for	future au	umial report notifica	tion)
For furthe	er information conc	erning this matter, p	please cal	l:		
	Kirtan Pate	el	ıt ( <u>72</u>	7	846-9500	
	Name	of Person	Area (		Daytime Telephor	ne Number
Enclose	d is a check for the	following amount:				
≣\$125	.00 Filing Fee	□\$130.00 Filing F Certificate of Statu	ıs	Certifie	0.00 Filing Fee & d Copy I copy is enclosed)	□\$1 Ce C
	Division P.O. Bo	ng Section of Corporations		آ 1 2	Street Address New Filing Sectio The Centre of T 2415 N. Mont Fallahassee	

## COVER LETTER

	New Filing Se Division of Ce						
SUBJEC	<sub>rr.</sub> Ocala	484 RE 9 LL	С				
000000		N:	ime of Li	imited Liab	ility Co	mpany	
The encle	sed Articles o	f Organization an	i fec(s) a	ire submitte	d for fil	ing.	
Please re	turn all corresp	ondence concerni	ng this n	natter to the	follow	រាជ្ញ:	
	Kirtan Pat	ei				<u> </u>	
				Name c	if Perso	n	
		·		Firm/C	onipany	,	
	6903 Congr	ress St		, , , , , ,	·····(/****)		
				Ado	iress		· .
	New Port R	ichey, FL, 34653					
				City/State a	nd Zip	Code	
		uvmangement.c		I Con Garage			
		E-mail address: ()			annuai	герогі поппісаі	ion)
For further	information ce	oncerning this ma	tter, plea:	se call:			
	Kirtan P	atel	at (	727	)	846-9500	
	Nan	ne of Person		Area Code	Da	ytime Telephon	e Number
Enclosed	is a check for	the following amo	ount:				
≣\$125.0	00 Filing Fee	□\$130,00 Fili Certificate of		Certi	fied Cop	iling Fee & by y is enclosed)	☐\$160,00 Filing Fee, Certificate of Status & Certified Copy [7] (additional copy.);@nclosed)

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 7.54
Tallahassee, FL 32303

Fax: 7274992716

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## Ocala 484 RE 9 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: 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:

Vijay Patel		
	Name	
6903 Congress St		
Florida street address (	P.O. Box <u>NOT</u> a	icceptable)
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. 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)

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

"AMBR" = 7 "MGR" = M	Authorized Member anager		
AMBR		Vijay Patel	
<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	6903 Congress St, New Port Richey, FL 34653	-
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