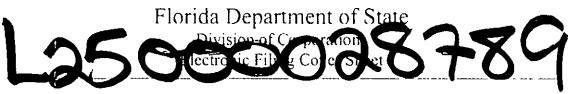
Division of Corporations



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.

(((H25000025502 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

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

kpatel@dhruvmanagement.com Email Address:\_\_\_

# FLORIDA LIMITED LIABILITY CO.

# Ocala 484 RE 7 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Ocala 484 RE 7 LLC	
Name of Limited I.	liability Company
The enclosed Articles of Organization and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Kirtan Patel	
**** *	ne of Person
Fire	m/Company
6903 Congress St	
-	Address
New Port Richey, FL, 34653	
City/Sta	ate and Zip Code
kpatel@dhruvmangement.com	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
Kirtan Patel at ( 727	) 846-9500
Name of Person Area Co	de Daytime Telephone Number
linely and us a shoot for the following non-cost	
Certificate of Status C	□\$155.00 Filing Fee & □\$160.00 Filing Fee, 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 1 - Name:

The name of the Limited Liability Company is:

#### Ocala 484 RE 7 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:

To: 18506176381

Mailing Address:

From: Dhruy Management

6903 Congress St, New Port Richey, Ft. 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)

1/22/2025 12:08:03 EST

To: 18506176381 Pa

Page: 5/5 From: Dhruv Management

Fax: 7274992716

15.1	 · ·	1	 	,

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

<u>Title:</u>		Name and Address:
"ANBR" = Auth		
"MGR" = Manag	,CF	
AMBR		V <sub>ij</sub> ay P <sub>atel</sub>
		6903 Congress St. New Part Richey, Ft. 34653
		·
	···-	*** **********************************
(Use attachment	(Parama arangan)	
		or meet the applicable statutory filing requirements, this date will not ent of State's records.
TLE VI: Other provi	sions, if any.	
I PER I I DI SI CI.	Tarana and an and an	
REQUIRED SIG		
,	Uija Patel	Ça 💮
- ! !	Signature of a rather this document is executed am aware that any fa	member or an authorized representative of a member.  cuted in accordance with section 605,0203 (1) (b). Florida Stätutes, also information submitted in a document to the Department of States aree felony as provided for in s.817.155, F.S.
	Vijay Patel	: 10
		Typed or printed name of signce
		Filing Fees:
\$125.00 Filing	Fee for Articles of C	75-1 (3)
•	Fee for Articles of C led Copy (Optional)	Filing Fees: Organization and Designation of Registered Agent