## Florida Department of State



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.

(((H250000169073)))



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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 Fax Number : (727)499-2716

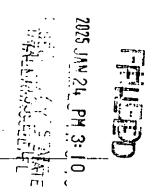
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: amit@dhruvdevelopment.com

## FLORIDA LIMITED LIABILITY CO.

### D Luxe Cabinets LLC

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



Electronic Filing Menu

Corporate Filing Menu

Help



		COVER L	ETTER	
TO:	New Filing Section Division of Corporations			
SUBJI	ECT: D Luxe Cabinels LLC			
	N	ame of Limited Li	ability Company	
The er	nclosed Articles of Organization a	nd fee(s) are subm	itted for filing.	
Please	return all correspondence concert	ning this matter to	the following:	
	Utkarsh Patel			
		Nam	e of Person	<del></del>
		Firn	n/Company	
	6903 Congress St			
	-13		Address	
	New Port Richey, FL, 3465.	3		
		Cny/Stat	e and Zip Code	
	Upatel@dhruvamangement.com			
	Esmail address:	(to be used for fut)	ge annual report notification)	
or furtl	her information concerning this ma	atter, please call:		
	Utharsh Patel	al ( 727	) 846-9500	
	Name of Person	Area Coc	le 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)

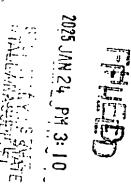
□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

#### Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

**New Filing Section Division** The Centre of Talfahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303



Mailing Address:

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### D Luxe Cabinets LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

# Principal Office Address: ss St. New Port Richey, FL 34653 690

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 NOT acceptable)

New Port Richey	£I	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;

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" # Manager			
AMBR	Annt D Patel		
	6903 Congress St, New Port Richey, FL 34653		
	** IN 18 TO		
(Use attachment if necessary)			
•			
ARTICLE V: Effective date, if other than the date	of filing:, (OPTIONAL)		
·	cific 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 m	neet the applicable statutory filing requirements, this date will not be listed as		
the document's effective date on the Department of	· · · · · · · · · · · · · · · · · · ·		
·			
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
10.00mm。			
	mber or an authorized representative of a member.		
This document is execut	ed 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 felony as provided for in s.817.155, F.S.		
constitutes a third degree	reiony as provided for in s.517.123, r.,5.		

#### Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Amit D Patel