

L25000073031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

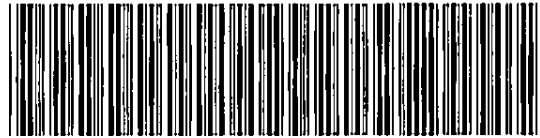
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 FEB 20 AM 10:39

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$130.00

Authorization Signature 

UNIV Ventures LLC

Business Name

#Document

Walk in

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X Certificate of Status

NEW FILINGS

____ Profit

____ Not for Profit

X LLC

____ Domestication

____ INC

____ CORP

____ OTHER

AMENDMENTS

____ Amendment

____ Resignation of R.A.

____ Change of Registered Agent

____ Revocation of Dissolution

____ Conversion

____ Statement of Authority

____ Merger

REVOCATION OF DISSOLUTION

OTHER FILINGS

____ TRANSMITTAL LETTER

____ Fictitious Name

____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing

____ Partnership

____ Reinstatement

____ Statement of CORRECTION

____ Domestication of a Foreign Corp.

____ Other

EXAMINER'S INITIALS: _____

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Authorization Signature *John Galt*

UNIV Ventures LLC

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EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: UNIV Ventures 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:

Gaurang Patel

Name of Person

Firm/Company

11501 Plantation Preserve Circle

Address

Fort Myers, Florida 33966

City/State and Zip Code

gaurang63@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anil Harkhani

443

366-4496

at ()

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:

UNIV Ventures 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:

11501 Plantation Preserve Circle
Fort Myers, Florida 33966
USA

Mailing Address:

11501 Plantation Preserve Circle
Fort Myers, Florida 33966
USA

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:

Anil Harkhani

Name

11501 Plantation Preserve Circle

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

Fort Myers

Florida

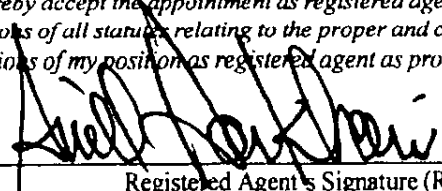
33966

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

PATEL, GAURANG
11501 PLANTATION PRESERVE CIRCLE
FORT MYERS, FL 33966

MGR

HARKHANI, ANIL
3923 KING WILLIAMS STREET
FORT MYERS, FL 33966

MGR

PATEL, RAKESH
11501 PLANTATION PRESERVE CIRCLE
FORT MYERS, FL 33966

(Use attachment if necessary)

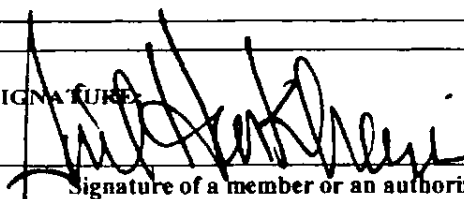
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Anil Harkhani

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)