

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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: upatel@dhruvmanagement.com

2025 MAR 31 AM 11:49

RECEIVED

## FLORIDA LIMITED LIABILITY CO.

### Fortune RVS Investment LLC

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

25 MAR 31 AM 6:58

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STATE

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Eastern RVs Investment LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Utkarsh Patel

Name of Person

Firm Company

6903 Congress St

Address

New Port Richey, FL, 34653

City/State and Zip Code

upatel@dhruvmanagement.com

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

For further information concerning this matter, please call:

Utkarsh Patel

at ( 727 )

845-6500

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

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STATE  
CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Fertune RVS Investment 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

Mailing Address:

6903 Congress St, New Port Richey, FL 34653

## ARTICLE III - Registered Agent, Registered Office, &amp; 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 NOT acceptable)

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.,*

Vijay Patel

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:**

AMBR

Vijay Patel  
6935 Congress St, New Port Richey, FL 34653

AMBR

Subhash Patel  
6905 Congress St, New Port Richey, FL 34653

(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:**

Vijay Patel

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.

Vijay Patel

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)

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DEPARTMENT OF STATE  
SIGNATURES