

L99000005262

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

100002966001--2
-08/23/99-01081--008
****285.00 ****285.00

SUBJECT: CHLORALKALI CONSULTANTS, LLC
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida limited liability company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$35.00 Designation of Registered Agent

A Letter of acknowledgment will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

FROM: PARCORP SERVICES, LTD.
ATTN: MICHAEL J. JAGODA
PMB 258
13799 PARK BLVD. N.
SEMINOLE, FL 33776

Please return the stamped copy to the above address.

DAYTIME 727-320-9848
PHONE

L99-5262

Name	OK 824
Availability	
Document	OK
Exhibits	OK
Letter	OK
Order	OK
Power	OK
Amendment	OK
P. Verifier	OK

FILED

09 AUG 23 AM 8:30

**STATE OF FLORIDA
ARTICLES OF ORGANIZATION OF
ChlorAlkali Consultants, LLC**

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is: **ChlorAlkali Consultants, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
4154 SINCLAIR PLACE, LAND O LAKES, FLORIDA 34607

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: **Perpetual**

ARTICLE IV - Management:

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as managers are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

HARASHAD PATEL, 4154 SINCLAIR PLACE, LAND O LAKES FLORIDA 34639

BINDU PATEL, 4154 SINCLAIR PLACE, LAND O LAKES FLORIDA 34639

ARTICLE V - Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The existing members of this LLC must approve the admission of new members by a unanimous vote. Upon such approval, new members shall be accorded all rights associated with membership in this LLC

ARTICLE VI - Members Rights to Continue Business

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

The unanimous approval of the remaining members of the LLC is required to continue the business of the LLC upon death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any event that terminates the continued membership of a member in this limited liability company.

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ARTICLE VII - Affidavit of Membership Contributions

The undersigned member or authorized representative of a member of **ChlorAlkali Consultants, LLC** certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 500.00;
- 3) if any, the agreed value of property other than cash contributed and anticipated to be contributed by member(s) is \$ 0;
(a description of the property is attached and made part hereto); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 500.00.

Harshad M Patel

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes,
the execution of this affidavit constitutes an affirmation under
the penalties of perjury the facts stated herein are true.)

HARASHAD PATEL

Typed or Printed name of signee

FILED

AUG 23 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **ChlorAlkali Consultants, LLC**
2. The name of the Florida street address of the registered agent are:

HARASHAD PATEL

Name

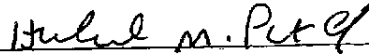
4154 SINCLAIR PLACE

Florida street address (P.O. Box NOT ACCEPTABLE)

LAND O LAKES, FLORIDA 34639

City, State and 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 relaying to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature

Filing Fee: \$ 35 for Designation of Registered Agent

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AUG 23 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA