Fax: 7274992716

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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

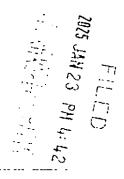
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kpatel@dhruvmanagement.com

FLORIDA LIMITED LIABILITY CO.

Ocala 484 RE 10 LLC

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



Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

	Filing Sec sion of Co	ction rporations						
SUBJECT:	Ocala	484 RE 10 LLC						
		Name of Lit	mited Lial	oility C	`ompany			
The enclosed	Articles of	Organization and fee(s) a	e submitt	ed for	filing,			
Please return	all correspo	ondence concerning this m	atter to th	e follo	wing:			
<u>.</u>	Kirtan Pate	el						
			Name	of Pers	ion			
_			Firm#0	Compa	ny		** ************************************	
6	903 Congre	288 St						
_	•••		Ad	dress				
,	lew Port Ri	chey, FL, 34653						
_			hty/State	and Zi	n Code			
kp	atel@dhru	uvmangement.com			' 			
		E-mail address; (to be used	Lior futur	e annua	al report notificat	ionì		
For further info	ormation co	neerning this matter, pleas	e call:					
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Enclosed is a	check for t	he following amount:						်ပို
≣\$125,00 Fi	ling Fee	□\$130,00 Filing Fee & Certificate of Status	Cen	ified C	Filing Fee & opy opy is enclosed)			4:4
	New F	ng Address iling Section on of Corporations		Nen	et Address Filing Section D Centre of Tallah			
	P.O. B	ox 6327 assee, FL 32314		241:	5 N. Mouroe Stre ahassee, FL 3230	et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Oc	ala 484 RE 10 LLC	
	(Must contain the words "Limited Liabil	ity Company, "L.L.C" or "LLC.")
ARTICLE II -	Address:	
	dress and street address of the principal office of	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
690:	3 Congress St, New Port Richey, FL 34653	6903 Congress St, New Port Richey, Ft 3465;

The name and the Florida street address of the registered agent are:

To: 18506176381

Vijay Patei		
	Name	
5903 Congress St		
Florida street address (P.O. Box <u>NOT</u> a	ecceptable)
New Port Richey	FL	34653
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated lamited 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.

VijaRatel

Registered Agent's Signature (REQUIRED

(CONTINUED)

<u>Title:</u> "AMBR" = "MGR" = N	Name and Address: Authorized Member Manager	
AMBR	Vijay Patol	
<u>/</u>	6903 Congress St. Ne + Port Rich	ey, FL 34653
		. <u></u>
(Use attach	ment if necessary)	
ARTICLE V: Effect If an effective date i he date of filing.)	ment if necessary) Tive date, if other than the date of libring: Is listed, the date must be specific and cannot be more than sented in this block does not meet the applicable statutory file	
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ARTICLE V: Effect If an effective date i he date of filing.) Note: If the date ins the document's effect ARTICLE VI: Other	ED SIGNATURE: Signature of a member or an authorized representation aware that any false information submitted in a document is executed in accordance with section 6.	sentative of a member. 505,0203 (4) (b), Florida Statutes.

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

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