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.

(((H250000461073)))



H250000461073ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
Т	_	

Division of Corporations

Fax Number : (850)617-6381

From:

S. CHATHAM

RAFEEB - 7 2025 Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742

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

11	Address.			
rmaıı	MUULESS,			

FLORIDA LIMITED LIABILITY CO. SHILPI KOPSIDAS PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

Articles of Organization

for

Florida Limited Liability Company

ARTICLE I NAME

The name of the limited liability company is:

Shilpi Kopsidas PLLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

480 NE 31ST ST., APT#4801, MIAMI, FL 33137

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

SHILPI KOPSIDAS, 480 NE 31ST ST., APT#4801, MIAMI, FL 33137

ARTICLE IV PURPOSE

The purpose for which this limited liability company is organized is:

The Profession of REAL ESTATE BROKER

ARTICLE V AUTHORIZED REPRESENTATIVE / MANAGER

The name and address of each person authorized to manage and control the limited liability company:

SHILPI KOPSIDAS, Authorized Representative 480 NE 31ST ST., APT#4801, MIAMI, FL 33137

February 6, 2025

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..

s/SHILPI KOPSIDAS SHILPI KOPSIDAS Registered Agent

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.

s/SHILPI KOPSIDAS
SHILPI KOPSIDAS
Authorized Representative