

**L25000066090**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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H250000574003ABCX

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PATEL &amp; PATEL ACCOUNTING

Account Number : I20200000090

Phone : (352)301-7989

Fax Number : (877)805-2872

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

Email Address: patelnpatel@outlook.com

**FLORIDA LIMITED LIABILITY CO.  
OCOM INVESTMENT LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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2025 FEB 14 PM 1:40

FLORIDA DEPARTMENT OF STATE

**FILED**  
2025 FEB 14 PM 2:59  
SECRETARY OF STATE  
-ALLAHASSEE, FLORIDA

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: OCOM INVESTMENT 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:

DHRUV PATEL

\_\_\_\_\_  
Name of Person

PATEL & PATEL ACCOUNTING

\_\_\_\_\_  
Firm/Company

4223 SW 33RD ST

\_\_\_\_\_  
Address

OCALA, FL 34474

\_\_\_\_\_  
City/State and Zip Code

PATELNPATEL@OUTLOOK.COM

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

For further information concerning this matter, please call:

DHRUV PATEL

352

301-7989

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:

OCOM 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:4908 SW 55TH PL  
OCALA, FL 34474Mailing Address:4908 SW 55TH PL  
OCALA, FL 34474

## 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:

DIIRUV PATEL

Name

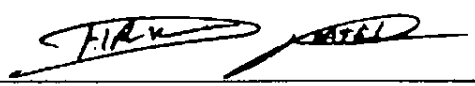
4223 SW 33RD STFlorida street address (P.O. Box **NOT** acceptable)OCALAFL34474

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)

FILED  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

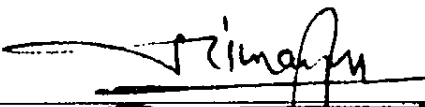
"MGR" = Manager

**Name and Address:**AMBRPATEL, SAMIR  
5368 SE 39TH LOOP  
OCALA, FL 34480AMBRVAGHELA, MAHESHKUMAR  
4912 SE 5TH AVE  
OCALA, FL 34480AMBRPATEL, SANJAY  
419 SW 15TH ST  
OCALA, FL 34480AMBRPATEL, SNEHAL  
4959 SE 5TH AVE  
OCALA, FL 34480

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/11/2025 (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.HIMANSHUBHAI PATEL

Typed or printed name of signee

**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)

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

PATEL, NARENDRA  
667 SE 47 TH LOOP  
OCALA, FL 34480

AMBR

SAHAJAANND INVESTMENT & SERVICES INC  
4908 SW 55TH PL  
OCALA, FL 34474

MGR

PATEL, HIMANSHUBHAI  
4908 SW 55TH PL  
OCALA, FL 34474

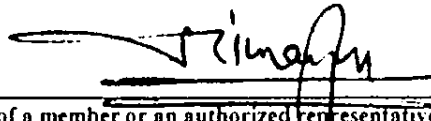
(Use attachment if necessary)

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HIMANSHUBHAI PATEL

Typed or printed name of signee

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