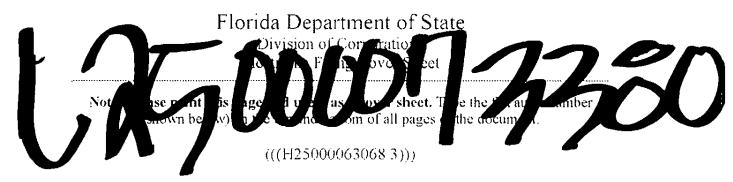
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Division of Corporations





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To:

Division of Corporations Fax Number : (\$50)617-6381

From:

Account Name - BILZIN SUMBERG BAENA PRICE & ANELROD LLP

Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (786)646-6129

Email Address:

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

vva@bilzin.com

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

BotsNar 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:	<u>Mailing Address</u> :	
11542 Claymont Circle	11542 Claymont Circle	
Windermere, FL 34786	Windermere, FL 34786	

# ARTICLE III - Registered Agent, Registered Office, & 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:

Pritt Patel		
	Name	
11542 Claymont Cir	de	
Florida street addres	ss (P.O. Box <u>XOT</u> acc	reptablej
Windermere	Florida	34786
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 (KEQUIRED)

(CONTINUED)

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# ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	Γ
"MGR" = Manager	
AMBR	Paula Harshad Patel, as Co-Trustee of the
	Harshadkumar Patel Family Trust
	11542 Claymont Circle Windermere FL 34786
AMBR	Jitendra Chaturhbai Patel, as Co-Trustee of the
	Harshadkumar Patel Family Trust
	11542 Claymont Circle, Windennere, PL 34786
AMBR	Haresh Chaturhbai Patel, as Co-Trustee of the
AMBK	Harshadkunar Patel Family Trust
	11542 Claymont Circle, Windermere, FL34786
AMBR	And Kumar Chiralayam, as Co-Trustee of the
- Lay Lay Ex	Harshadkumar Patel Family Trust
	11542 Claymont Circle, Windermere, FL 34786
(If an effective date is listed, the date mu the date of filing.)	on the date of filing:
ARTICLE VI: Other provisions, if any.	
REOURED SIGNATURE:	Paule Patra
	, , , , , , , , , , , , , , , , , , ,
This document I am aware that	e of a member or an authorized representative of a member, is executed in accordance with section 695.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
Paula H-	urshad Patel
130014	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)