Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMITER & SINGER, LLP

Account Number : I2000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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

Email Address: Corporate @ comitersinger com

FLORIDA LIMITED LIABILITY CO. 2905 Hidden Hills Road, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Mcnu

Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section of Cor				
SUBJE		n Hills Road, LLC			
SUBJE	UI;	Name of L	imited Liabil	ity Company	
The enc	losed Articles of	Organization and fee(s)	are submitted	l for filing.	
Please ro	ctum all correspo	ndence concerning this	matter to the	following:	
	Lisa Z. Haus	er, Esq.			
	 -		Name of	Person	
	Comiter, Sin	ger, Baseman & Braun,	LLP		
			Firm/Co	ompany	
	3825 PGA B	lvd., Suite 701			
			Add	ress	
	Palm Beach	Gardens, FL 33410			
			City/State at	nd Zip Code	
		mitersinger.com E-mail address: (to be us	ed for future	annual report notificat	ion)
For furthe	er information co	ncorning this matter, ple	ase call:		
	Rebecca Bye	rs	561	626-2101	
	Nam	c of Person	Area Code	Daytime Telephon	ne Number
Englase	d is a check for t	he following amount:			
	.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LABILITY COMPANY

ARTICLES	OF ORGANIZATION FOR FIX	MUA LIM	INFINIABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liab	oility Company is:			
000777111	n			
2905 Hidden Hill				
(Must c	ontain the words "Limited Lial	bility Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal offic	e of the Li	mited Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
5420 North Ocean Drive, Apt. 2305			5420 North Ocean Drive, Apt. 2305	
West Palm Beach	. FL 33404		West Palm Beach, FL 33404	
(The Limited Liability Comp	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.)	gistered A	l Agent's Signature: gent. You must designate an individual or	
The name and the Florida stre	ect address of the registered ag	ent are:		
	Comiter, Singer, Basem	an & Brau	n, LLP	
	N	ame	-	
	3825 PGA Blvd., Suite	701		
	Florida street address (P	O. Box N	OT acceptable)	
	Palm Beach Gardens	FL	33410	
	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)

2025 FEB 21 PM 1: 13

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Krishnaveni Perumalsamy 5420 North Ocean Drive, Apt. 2305 West Palm Beach, FL 33404
<u>MGR</u>	Priva Peruma samy 234 Country Club Drive Moorestown, NJ 08057
	
(Use attachment if necessary)	
effective date is listed, the date must be ate of filing.)	ate of filing:
ICLE VI: Other provisions, if any.	on or other streeties.
REQUIRED SIGNATURE:	L

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)

Lisa Z. Hauser, Authorized Representative
Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE TALLAHASSEE, FL