## L22000162802

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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## **CORPORATE**

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

1		WALK IN	
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XX	FILING	LLC	
<ol> <li>2.</li> </ol>	(CORPORATE NAME AND DOC	DCUMENT #)	
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6.	(CORPORATE NAME AND DOC	CUMENT #)	
SPECIA INSTRU	L JCTIONS:		
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## COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	CT: Mythri Real Estate Fund (LL	<u>C</u>
00000		imited Liability Company
The encl	losed Articles of Organization and fee(s) a	are submitted for filing.
Please re	eturn all correspondence concerning this n	natter to the following:
	Prasanth Pinnamaneni	
		Name of Person
		Firm/Company
	00077	
	2237 Twelve Oaks Way, Unit 1	Address
	Wesley Chapel, FL 33543	
		City/State and Zip Code
		d for future annual report notification)
For further	r information concerning this matter, pleas	se call:
	Prasanth Pinnamaneni at (	734 502 9290
	Name of Person	Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:	
\$125.00	Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  S160.00 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 of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name	A	ICL	T	11 - 7	Name
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The name of the Limited Liability Company is:

2022 APR 18 AM 10: 08

Mythri Real Esta		N. I. C. N I. C. N.	SECNETARY OF STATE AFTER SEEL F
(Mus	st contain the words "Limited Liability Co	npany, "L.L.C.," or "LLC.")	MEENINGSEL, F
ARTICLE II - Address: The mailing address and st	reet address of the principal office of the	imited Liability Company is:	
<u>P</u> 1	rincipal Office Address:	Mailing Ad	dress:
2237 Twelve Oa	ks Way, Unit 103, Wesley Chapel, FL 33543	2237 Twelve Oaks Way, Unit 1	03, Wesley Chapel, FL 3354
The Limited Liability Cor	ed Agent, Registered Office, & Registeren pany cannot serve as its own Registered		individual or
The Limited Liability Con unother business entity wi			individual or
The Limited Liability Con unother business entity wi	npany cannot serve as its own Registered th an active Florida registration.)  street address of the registered agent are:		individual or
The Limited Liability Con unother business entity wi	npany cannot serve as its own Registered than active Florida registration.) street address of the registered agent are:  Prasanth Pinnamaneni		individual or
The Limited Liability Con unother business entity wi	npany cannot serve as its own Registered than active Florida registration.)  street address of the registered agent are:  Prasanth Pinnamaneni Name	Agent. You must designate an	individual or
The Limited Liability Con unother business entity wi	npany cannot serve as its own Registered than active Florida registration.)  street address of the registered agent are:  Prasanth Pinnamaneni Name  3929 Carrara Ct,	Agent. You must designate an	individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Prasanth Pinnamaneni
	2237 Twelve Oaks Way, Unit 103, Wesley Chapel, FL 33543
<del></del>	
	2022 APR
<del></del>	
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(Use attachment if necessary)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
the date of filing.)	c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Prasanth Pinnamaneni