

W04000012427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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W04-12427  
OR

Belair Services, Inc.  
1633 E. Vine Street, Suite 207  
Kissimmee, FL 34743  
Tel. (407) 944-9262

January 27, 2004

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

I am sending the Articles of Incorporation for the following  
Business:

**A.I.A. Investment, LLC**

Also, I am enclosing a check in the amount of \$<sup>160.00</sup>~~78.75~~ to cover your  
fees for the corporation.

Should you have any question concerning the above, do not  
hesitate to contact us.

Sincerely yours,

  
Mr. Luis R. Calderon  
Accountant

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A. I. A. INVESTMENT, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

19662 HAMPTON DRIVE

BOCA RATON, FL 33434

**ARTICLE III - Registered Agent, Registered Office:**

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

HANNA KATEB  
Name

19662 HAMPTON DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

FLORIDA 33434  
City, State, and Zip

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*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 608, Florida Statutes..*



**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

HANNA KATEB  
19662 HAMPTON DRIVE  
BOCA RATON, FL 33434

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

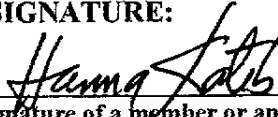
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\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
HANNA KATEB

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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