Division of Corporations orida Department of State

Division of Corporations Public Access System

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MJH

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305) 634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

9040 collins ave., Ll.c.

Ccrtificate of Status Certified Copy 03 Page Count Estimated Charge \$155.00

Electronic Filing Menu.



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

9040 COLLINS AVE.	, L.L,C.			
ARTICLE II - Add The mailing address		he principal office of the Limited Liability C	Company is:	
Principal Office Address: 13100 MUSTANG TRAIL		Mailing Address: 13100 MUSTANG TRAIL		
ARTICLE III - Re	vistered Avent. Revict	ered Office. & Registered Avent's Signatu	nre.	
ARTICLE III - Re	gistered Agent, Regist orida street address of	tered Office, & Registered Agent's Signati the registered agent are:	P .	
The name and the F	orida street address of the control	the registered agent are:	04 APR -	
The name and the Fl	orida street address of the control	tered Office, & Registered Agent's Signati the registered agent are:	04 APR -8	
The name and the Fl	orida street address of the control	the registered agent are:	04 APR -8 PN	
The name and the Fl	orida street address of the Challe M. MIRZA N 13100 MUSTANG TRAIL	the registered agent are:	04 APR -8 PN 3:	
The name and the Fl	orida street address of the Challe M. MIRZA N 13100 MUSTANG TRAIL	the registered agent are:	04 APR -8 PN	

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.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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28.9 JATOT

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The name and address of each Mar	nager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	KHALID M. MIRZA
	13100 MUSTANC TRAIL
	SW. RANCHES, FL. 33330
•	
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	K
	17/11/2
Signature of a member of	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated berein	n 608.408(3), Ploride Stances, the execution as an affirmation under the pensition of perjury are true.)
KHALID M. MIRZA	
	or printed name of signoc

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

Filing Fees;
\$100.00 Filing Fee for Articles of Organization
\$2.5.00 Designation of Registered Agent
\$30.00 Certified Copy (Optimizal)
\$3.00 Certified to Strain (Optional)

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