

L05000068722

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000168030 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2005 JUL 12 AM 10:32  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

05 JUL 12 PM 12:55

DIVISION OF CORPORATION

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

ALEKC LLC

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

J. BRYAN JUL 13 2005

H05000168030

③

**ARTICLES OF ORGANIZATION  
OF**

**A Florida Limited Liability Company**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**ALEKC LLC**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principle office of the Limited Liability company is:

**PRINCIPAL OFFICE ADDRESS:**

10823 BISCAYNE BLVD  
MIAMI FL 33161

**MAILING ADDRESS:**

10823 BISCAYNE BLVD  
MIAMI FL 33161

FILED  
2005 JUL 12 AM 10:32  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**


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

**KHORSMEDA HANUFA HUO**  
(NAME)

**10823 BISCAYNE BLVD**  
FLORIDA STREET ADDRESS(P O BOX NOT ACCEPTABLE)

**MIAMI FLA 33161**  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 609, F.S.

  
\_\_\_\_\_  
REGISTERED AGENT SIGNATURE

H05000168030

H05000168030

**ARTICLE IV - MANAGEMENT/MEMBER(S):**

The name(s) and address(es) of each Manager or Managing Member is as follows:

FILED  
2005 JUL 12 AM 10:32  
CORPORATIONS  
TALLAHASSEE, FLORIDA

Title:

Name and address:

MGR= Manager  
MGRM= Managing Member

MGR=KHORSMEDA HANUFA HUQ, 10823 BISCAYNE BLVD MIAMI FL 33161

MGR=K.S ALAM, 10823 BISCAYNE BLVD MIAMI FL 33161

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.

**KHORSMEDA HANUFA HUQ**  
Typed or printed name of signer

H05000168030