

L05000069304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

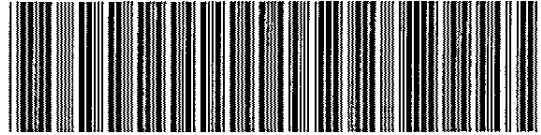
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Handwritten signature: BK

Office Use Only



300055559713

07/14/05--01043--015 **250.00

RECEIVED
05 JUL 14 AM 11:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
05 JUL 14 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sara Rugs, Esq.

FILED
05 JUL 14 PH 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: _____

Name SP

Date 7/14/05

Time 9:50

Walk-In _____

Will Pick Up _____

FILED
05 JUN 14 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: SARA RUGS, LLC
The name of the Limited Liability Company is:

ARTICLE II - Address: 12304 S.W. 133 ct, MIAMI FL 33186
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12304 SW 133 ct MIAMI FL 33186

Mailing Address:

12304 S.W. 133 ct, MIAMI FL 33186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DERHY DVIR
Name
44 N.W. 183 rd ST # 112
Florida street address (P.O. Box NOT acceptable)
MIAMI, FL 33169
City, State, and 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 608, F.S.



Registered Agent's Signature

(CONTINUED)


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

Title	Name and Address
"MGR" - Manager	
"MGRM" - Managing Member	
<u>MGRM</u>	<u>SARA GHAUS</u>
<u>MGR</u>	<u>GHULAM GHAUS AZIZ</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 X
Signature of a member or an authorized representative of a member.

(In accordance with section 606.4(8C), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GHULAM GHAUS AZIZI
Typed or printed name of signor

- Filing Fee:**
- \$ 60.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)