

L070000000109

(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:

Office Use Only



900081449269<sup>L</sup>

11/06/06--01017--026 \*\*130.00

FILED  
06 NOV -6 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~41010-50119~~ mpe



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2006

MAHER MALAK  
6771 LEE STREET,  
HOLLYWOOD, FL 33024

SUBJECT: SEY L.L.C.  
Ref. Number: W06000050119

We have received your document for SEY L.L.C.. However, the document has not been filed and is being returned for the following:

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER  
OFFICE CLERK

Letter Number: 806A00066919

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Impla Tek L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maher Malak  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

6771 Lee Street, FL 33024  
(Address)

Hollywood, FL 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

Miami, FL 33132 at ( 305 ) 502-8281  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Impla Tek L.L.C.

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5225 SW 171 ST. Ave,  
Miamar, FL 33027

5225 SW 171 ST. Ave,  
Miamar, FL 33027

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Safwat Gharib Aziz  
Name

5225 SW 171 ST. Ave,  
Florida street address (P.O. Box **NOT** acceptable)

Miramar FL 33027  
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..*

Safwat Aziz  
Registered Agent's Signature (REQUIRED)

FILED  
NOV - 6 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Safwat Gharib Aziz

5225 SW 171 ST. Ave,

Miami, FL 33176

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Safwat Gharib Aziz

Typed or printed name of signee

**Filing Fees:**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**