

L10 000056102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

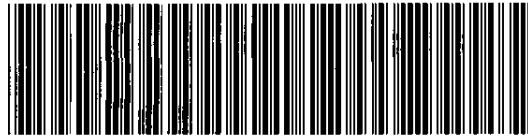
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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05/24/10--01023--004 \*\*130.00

FILES  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 MAY 24 PM 2:40

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MAY 25 2010

EXAMINER

Shaheen Kamadia  
10437 NW 48<sup>th</sup> Manor  
Coral Springs, FL 33065

May 19, 2010

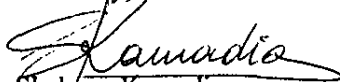
Florida Department of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee, FL 32399

Sir:

Please find enclosed herewith two sets of duly executed Articles of Organization of Shaheen Investments LLC together with a check for \$130.00 towards filing fees.

I trust you will find the above in order.

Sincerely,



Shaheen Kamadia

Encl.

**ARTICLES OF ORGANIZATION FOR Shaheen Investments, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is: **Shaheen Investments, LLC**

**ARTICLE II  
Address**

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

**10437 NW 48<sup>th</sup> Manor  
Coral Springs, FL 33065**

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Seema Kara  
10437 NW 48<sup>th</sup> Manor  
Coral Springs, FL 33065**

*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.*

  
**Seema Kara  
Registered Agent's Signature**

**ARTICLE IV  
Management**

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed Company.

**Managing Member**

  
**Shaheen Kamadia**

(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.)

**Typed or Printed name of Signee**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 24 PM 2:40

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is : **Shaheen Investments, LLC**
2. The name and the Florida Street address of the registered agent and office are:

**Seema Kara  
10437 NW 48<sup>th</sup> Manor  
Coral Springs, FL 33065**

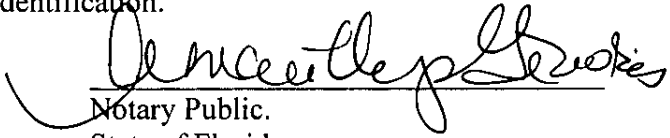
*Having been named as registered agent and to accept service of process for the above stated limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
**Signature**

STATE OF FLORIDA )  
 ) ss:  
COUNTY OF MIAMI-DADE )

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of May, 2010, by Seema Kara. She is personally known to me or produced drivers license as identification.


 AMARILLYS GINORIS  
MY COMMISSION # DD 810141  
EXPIRES: August 14, 2012  
Bonded Thru Budget Notary Services


  
Notary Public.  
State of Florida

STATE OF FLORIDA )  
 ) ss:  
COUNTY OF MIAMI-DADE )

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of May, 2010, by Shaheen Kamadia. She is personally known to me or produced Canadian passport as identification.

My commission expires:

 AMARILLYS GINORIS  
MY COMMISSION # DD 810141  
EXPIRES: August 14, 2012  
Bonded Thru Budget Notary Services

  
Notary Public.  
State of Florida