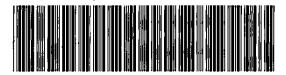
L1000006212

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PłCK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| , |
| |

Office Use Only



300182339473

06/21/10--01048--021 **155.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 222000

EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | |
|------------------|----------------------------------|---|---|
| SUBJE | CCT: | HASKAN PROPERTI | ES, LLC. |
| ~~~ | | Name of Limit | ed Liability Company |
| | | | |
| The en | closed Articles of | of Organization and fee(s) are | submitted for filing. |
| Please | return all corres _l | pondence concerning this mat | ter to the following: |
| | | ASHOK AITHARA | JU |
| | | | Name of Person |
| | | | |
| | | | Firm/Company |
| | 831 SUNF | LOWER CIRCLE | |
| | | , , | Address |
| | WE | STON , FL 33327 | |
| • | | Cit | y/State and Zip Code |
| _ | | ashokaitharaju@ | |
| | | | for future annual report notification) |
| For furt | her information | concerning this matter, please | e call: |
| ASHOK AITHARAJU | | | at (954) 695-6796 |
| | Name | of Person | Area Code & Daytime Telephone Number |
| Enclos | ed is a check fo | or the following amount: | |
| ⊒ \$125.0 | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| HASK | AN PROPERTIES (Must end with the words " | Limited Liability Company, "L.L.C.," or "LLC.") |
|---|--|---|
| | (Must one Wall the Words | Entitled Statemey Company, E.E.C., or EEC. 7 |
| ARTICLE II | | ess of the principal office of the Limited Liability Company is: |
| The maning ac | idiess and street address | ss of the principal office of the Limited Liability Company is. |
| Principal Offi | ce Address: | Mailing Address: |
| 831 SUNFLOWER | CIRCLE | 831 SUNFLOWER CIRCLE |
| WESTON, FL 3332 | !7 | WESTON, FL 33327 |
| | | |
| (The Limited Liabil business entity with | lity Company cannot serve as th an active Florida registratio | Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another on.) ress of the registered agent are: |
| | | |
| | ASHOK A | NTHARAJU |
| | ASHOK A | Name Name |
| | ASHOK A | Name |
| | 831 SUNFLOW | Name |
| | 831 SUNFLOW | Name VER CIRCLE |
| | 831 SUNFLOW | Name VER CIRCLE ida street address (P.O. Box NOT acceptable) |

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows:

| 'MGR" = Manager 'MGRM" = Managing Memb | er |
|---|---|
| | •• |
| MGRM | ASHOK AITHARAJU |
| | 831 SUNFLOWER CIRCLE |
| | WESTON, FL 33327 |
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| C | |
| Use attachment if necessary) | |
| | |
| LE V: Effective date, if other t | han the date of filing: (OPTION |
| | must be specific and cannot be more than five business da |
| days after the date of filing.) | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| | |
| | • |
| 118- | |
| AAR | a member or an authorized representative of a member. |

Filing Fees:

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

that the facts stated herein are true.)

ASHOK AITHARAJU

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS

Typed or printed name of signee