

L12000149348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

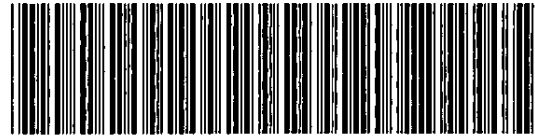
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500242080145

11/28/12--01009--017 **125.00

12 NOV 28 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

NOV 29 2012

EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE WIZZ LLC
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:

RAVEEZ MOHAMMED
Name of Person

THE WIZZ COMPUTERS LLC
Firm/Company

2139 NW 79TH AVE
Address

DORAL, FL 33122-1615
City/State and Zip Code

raveez@festivefoodbrands.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAVEEZ MOHAMMED at (**305**) **7263423**
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 28 PM 12: 32

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE WIZZ LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2139 NW 79TH AVE
DORAL, FL 33122-1615

2139 NW 79TH AVE
DORAL, FL 33122-1615

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:

RAVEEZ MOHAMMED

Name

2139 NW 79TH AVE

Florida street address (P.O. Box **NOT** acceptable)

DORAL, FL 33122-1615

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 28 PM 12: 32

APPROVED
AND
FILED

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 (REQUIRED)

(CONTINUED)

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:

<u>MGRM</u>	<u>AZAAD MOHAMMED</u> <u>2139 NW 79TH AVE</u> <u>DORAL, FL 33122-1615</u>
<u>MGR</u>	<u>RAVEEZ MOHAMMED</u> <u>2139 NW 79TH AVE</u> <u>DORAL , FL 33122-1615</u>
<u>MGR</u>	<u>SIDIQUE MOHAMMED</u> <u>2139 NW 79TH AVE</u> <u>DORAL, FL 33122-1615</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RAVEEZ MOHAMMED

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 NOV 28 PM 12:32
APPROVED
AHD
FILED

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)