L13000155701

(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:

NOV - 5 2013

A. LUNT

Office Use Only

000252907270

11/04/13--01047--013 **125.00

FILED

2013 NOV -4 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Nakhla Holding 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:

NIKKI ARUTYUNYAN
(Name of Person)

ATTORNEYS CORPORATION SERVICE, INC.
(Firm/Company)

5668 E 61ST ST
(Address)

COMMERCE, CA 90040
(City/State and Zip Code)

FILED
2013 NOV -4 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*For further information concerning this matter, please call:*

NIKKI ARUTYUNYAN at (800) 462-5487
(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

FILED
2013 NOV -4 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Nakhla Holding 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:** |
|---|---|
| 8113 Canyon Lake Circle | 8113 Canyon Lake Circle |
| Orlando, FL 32835 | Orlando, FL 32835 |

**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:

Sophie Nakhla
Name

8113 Canyon Lake Circle
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32835
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..*

Sophie Nakla

By: Sophie Nakhla
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

FILED
2013 NOV 14 PM 3:46
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: | Name and Address: |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGR | Sophie Nakhla<br>8113 Canyon Lake Circle<br>orlando,FL,32835 |
| MGRM | Nancy Iskandar<br>8113 Canyon Lake Circle<br>orlando,FL,32835 |
| MGRM | Carine Iskandar<br>8113 Canyon Lake Circle<br>orlando,FL,32835 |
| MGRM | Ihab Iskandar<br>8113 Canyon Lake Circle<br>orlando,FL,32835 |

(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:**

Sophie Nakhla
**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.)

Sophie Nakhla
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)**