

L14000162157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

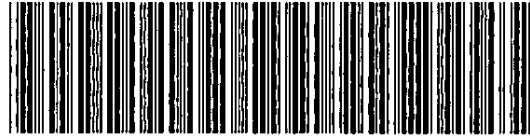
(Business Entity Name)

(Document Number)

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

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2014 OCT 14 AM 11:17  
TALLAHASSEE FLORIDA  
STATE TARYOT STATE

EFFECTIVE DATE 10/09/14

OCT 17 2014  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fatenejad Consultancy, 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:

Saeed Fatenejad

Name of Person

Fatenejad Consultancy, LLC

Firm/Company

7725 SW 193<sup>rd</sup> Lane

Address

Cutler Bay, FL 33157

City/State and Zip Code

sfatenejad@gmail.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Saeed Fatenejad at ( 267 ) 804-1156

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fatenejad consultancy, 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:

7725 SW 193<sup>rd</sup> Ln  
Cutler Bay, FL 33157

Mailing Address:

The same

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 another business entity with an active Florida registration.)

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

Saeed Fatenejad  
Name  
7725 SW 193<sup>rd</sup> Ln  
Florida street address (P.O. Box NOT acceptable)  
Cutler Bay FL 33157  
City Zip

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TALLAHASSEE, FLORIDA

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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 605, F.S.

Saeed Fatenejad  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 10/09/14

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Saeed Fatenejad  
7725 SW 193<sup>rd</sup> Ln  
Cutler Bay, FL 33157

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Oct 9, 2014 (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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Saeed Fatenejad

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Saeed Fatenejad

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)

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SECRETARY OF STATE