

Florida Department of State

L15000072333

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
ARMAAN INTERNATIONAL WIRELESS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED
15 APR 24 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2015 APR 24 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 27 2015
J. HARRIS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

ARMAAN INTERNATIONAL WIRELESS, LLC

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

ARTICLE II

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

Principal Office Address
200 SE 1ST STREET SUITE 604
MIAMI, FL 33131

Mailing Address
200 SE 1ST STREET SUITE 604
MIAMI, FL 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

R&P ACCOUNTING & TAXES, INC

Name

200 SE 1ST STREET, SUITE #604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131

FL 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 605, F.S

X

Registered Agent's Signature (REQUIRED)

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ARTICLE IV

*MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each
Person authorized to manage and control the Limited Liability Company:*

Title:

VINAY KUMAR KEDIA
200 SE 1ST STREET SUITE 604
MIAMI, FL 33131

MANAGER

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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

Vinay Kumar Kedia
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.)*

VINAY KUMAR KEDIA
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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