

L15000208633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

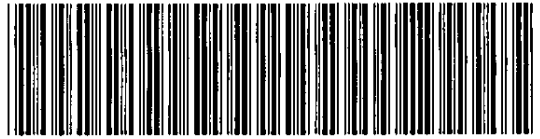
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/21/15--01003--006 **175.00

RECEIVED
DEPARTMENT OF STATE
15 DEC 18 PM 3:39
TO AGENCY OF SUFFICIENCY OF FILING

APPROVED AND FILED
15 DEC 18 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/18/15

15 OCT 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R&S SAKKA 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:

ESPERANZA ABULABAN
Name of Person

AWWAD & ASSOCIATES CPAS
Firm/Company

1680 METROPOLITAN CIRCLE
Address

TALLAHASSEE, FL 32308
City/State and Zip Code

SUBWAY36@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMRA KHAN at 781 856-4085
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE

01/01/10

15 DEC 18 PM 3:46

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

R&S SAKKA 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:

1500 APALACHEE PKWY

STE H66 2205

TALLAHASSEE, FL 32311

1500 APALACHEE PKWY

STE H66 2205

TALLAHASSEE, FL 32311

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:

AWWAD & ASSOCIATES

Name

1680 METROPOLITAN CIRCLE

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

TALLAHASSEE

FL

32308

City

State

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

15 DEC 18 PM 3:46

SECRET
TALLAHASSEE
FLORIDA

ARTICLE IV

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

Title:	Name and Address:
"AMBR" = Authorized Member	SAMRA KHAN
"MGR" = Manager	110 GREEN BRIER DR
AMBR	SEBKONK, MA 02771

(Use attachment if necessary)

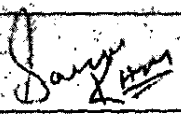
ARTICLE V: Effective date, if other than the date of filing: 1/1/2016 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Samra Khan

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)