

L/6000214925



900291819499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

11/23/16--01003--026 **125.00

EFFECTIVE DATE
11/17/16

Special Instructions to Filing Officer:

Office Use Only

FILED
16 NOV 23 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
NOV 29 2016

A & Z LLC
PO BOX 56541
JACKSONVILLE, FLORIDA 32241
904-402-1668

November 17, 2016

Re: A & Z LLC

FEI: 11-3786320

To Whom It May Concern:

Please be advised that I was the owner and Manager of the above named Limited Liability Company which was administratively dissolved for annual report 09/23/2016. I would like to like to reopen the Company and use the same name and federal employer identification I had before it was dissolved. I have no intention of using the same document number that I had before. The document number will be a new one. Thank you for your help in getting this matter resolved.

Sincerely,

Mohammad Basil Amin

Mohammad Basil Amin

Cc: file

FILED
16 NOV 23 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & Z 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:

MOHAMMAD BASIL AMIN
Name of Person

A & Z LLC
Firm/Company

PO BOX 56541
Address

JACKSONVILLE, FLORIDA 32241
City/State and Zip Code

basilamin1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMAD BASIL AMIN 904 402-1668
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A & Z 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:

4500 BAYMEADOWS ROAD APT 2
JACKSONVILLE, FLORIDA 32217

Mailing Address:

PO BOX 56541
JACKSONVILLE, FLORIDA 32241

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:

MOHAMMAD BASIL AMIN

Name

4500 BAYMEADOWS ROAD APT 2

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

JACKSONVILLE FLORIDA 32217

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.

x *Mohammad Basil Amin*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
16 NOV 23 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
MOHAMMAD BASIL AMIN
PO BOX 56541
JACKSONVILLE, FLORIDA 32241

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/17/2016. (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:

x Mohammed Basil Amin

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.

MOHAMMAD BASIL AMIN

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)

FILED
16 NOV 23 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA