

L 19 0000 34878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

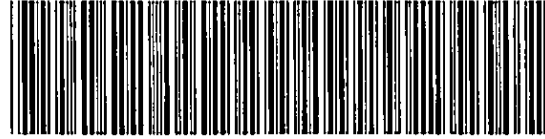
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE AFFAIRS
19 FEB -4 PM 2:52

C RICO
FEB 04 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EN BLACK 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:

MAHMOUD SAAD
Name of Person
EN BLACK LLC
Firm/Company
8715 QUIET MEADOWS TRL
Address
WINDERMERE, FL 34786
City/State and Zip Code
ORLANDOGMCENTER@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAHMOUD SAAD 407 615 9279
Name of Person at (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

19 FEB - L PM 2:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EN BLACK LLC

(Must contain 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:

8715 QUIET MEADOWS TRL
WINDERMERE, FL 34786

8715 QUIET MEADOWS TRL
WINDERMERE, FL 34786

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:

GM BUSINESS CENTER INC
Name

378 CENTER POINTE CIR STE 1272
Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS FL 32701
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
SECRETARY OF STATE
19 FEB - 6 PM 2:52

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:

MAHMOUD SAAD
8715 QUIET MEADOWS TRL.
WINDERMERE, FL 34786

MGR

SAMEH ABDELMALAK
5983 SPARTINA WAY
ORLANDO, FL 32824

MGR

SAMIR SHEHATA
221 AQUA WAY
OVIEDO, FL 32765

MGR

YOUSSEF SALAMA
8354 KELSALL DR
ORLANDO, FL 32832

(Use attachment if necessary)

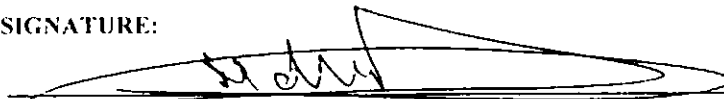
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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.

MAHMOUD SAAD

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)

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:

MOHAMED ELADAWY

6608 S GOLDEN RD B

ORLANDO, FL 32822

MGR

MAHMOUD ELADAWY

6608 S GOLDEN RD B

ORLANDO, FL 32822

MGR

MARAWAN ELADAWY

6608 S GOLDENROD RD UNIT B

ORLANDO, FL 32822

MGR

MARIAN MAKAR

245 LEXINGDALE DR

ORLANDO, FL 32828

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

GEORGE DAWOUD
417 SUN LAKE CIR APT 101
LAKE MARY, FL 32746

MGR

SAMEH SEFEIN
11315 ISLE OF WATERBRIDGE 105
ORLANDO, FL 32837

MGR

GALAL GALAL
12310 MUSTARD ST
ORLANDO, FL 32837

MGR

HANY ABDELMALAK
1183 COASTAL CIR
OCOE, FL 34761

(Use attachment if necessary)

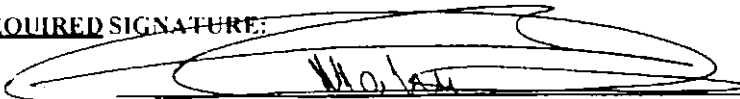
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Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

USAMA KWLESS

6044 BENT PINE DR, APT 3338

ORLANDO, FL 32822

MGR

KARIM KADRY

2847 HOFFMAN DR

ORLANDO, FL 32837

(Use attachment if necessary)

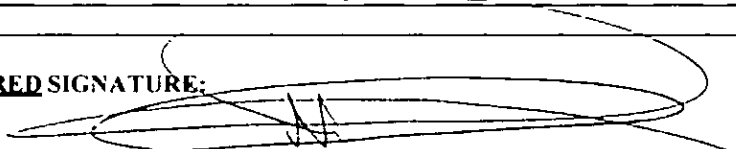
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