

L0000000/1465

Danny Massoud

Requester's Name

8307 Dawn Dr.

Address

Orlando, FL 32809

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 200003123362--8  
-02/03/00--01103--012  
\*\*\*\*155.00 \*\*\*\*155.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

00 FEB -3 PM 12:52

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Name                     | Availability             | Document                 | Examining                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER FILINGS            |                          |                          |                          |
| Updater                  | <input type="checkbox"/> | Annual Report            | DCC                      |
| Updater                  | <input type="checkbox"/> | Fictitious Name          | DCC                      |
| Verifier                 | <input type="checkbox"/> | Acknowledgement          | DCC                      |
| W. P. Verifier           | <input type="checkbox"/> |                          | DCC                      |

Examiner's Initials

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDASHOTTEST.COM LC

## ARTICLE II - Address:

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

8307 DAWN DR.  
ORLANDO, FL. 32809

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DANNY MASSOUD  
Name  
8307 DAWN DR.  
Florida street address (P.O. Box **NOT** acceptable)  
ORLANDO, FL 32809  
City, State, and Zip

00 FEB - 3 PM 12:5  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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 608, F.S..*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

x Danny Massoud  
Typed or printed name of signee

### FILING FEES:

~~\$ 100.00~~ Filing Fee for Articles of Organization —  
~~\$ 25.00~~ Designation of Registered Agent —  
~~\$ 30.00~~ Certified Copy (OPTIONAL) —  
\$ 5.00 Certificate of Status (OPTIONAL)