## 1.0200003347 1848 Raleus St. 34231

City/State/Zip

Phone #

	Office Use Only
CORPORATION NAME(S) & DOC	
1. HAMAP CONSULTO	16, L.L.C. W02-285/ (Document #) L0Z-3347
(Corporation Name)	(Document #) LOZ-3347
Corporation Name)	(Document#) 3D00047941536
3. (Corporation Name)	-01/24/0201050002 
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy R Z
☐ Mail out ☐ Will wait	Photocopy Certificate of Steels
NEW FILINGS	AMENDMENTS  P ROSE
☐ Profit☐ Not for Profit	Amendment  Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark
	☐ Other
Photography (2007)	Examiner's Initials

CR2E031(7/97)

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 31, 2002

SAMUEL A. HAMAD 1814 ROLAND ST. SARASOTA, FL 34231

SUBJECT: HAMAD CONSULTING, L.L.C.

Ref. Number: W02000002851

We have received your document for HAMAD CONSULTING, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the mailing address and street address of the principal office in Article II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 502A00005994

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑY

ARTICLES OF ORGANIZATION FOR FLORIDA LIVITED LIABILITA O
ARTICLE I - Name: The name of the Limited Liability Company is: Hamad Consulting, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  1814 ROLAND ST; SARASOTA; FL. 3423    ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Samuel A. Hamad Name
1814 Roland St  Florida street address (P.O. Box NOT acceptable)  Sarasota  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 608, F.S.  Article IV - Management (Check box if applicable.)  Registered Agent's Signature  Article IV - Management (Check box if applicable.)  (An adhitional article must be acceded if an effective date is requested)  (An adhitional article must be acceded if an effective date is requested)  Signature of a member or an authorized representative of a member.
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)  V 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.)
Samuel A. Hamad  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)