

CORPORATE  
ACCESS  
INC.

**LO2 000013470**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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02 JUN -3 PM 12:00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.) Sufia, LLC

(CORPORATE NAME & DOCUMENT #)

900005664999--0  
-06/03/02--01056--005  
\*\*\*\*265.00 \*\*\*\*125.00

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

\$125.00

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

LO2-13470

OK

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DIVISION OF CORP. AFFAIRS

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGNIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**Article I-Name**

The name of the Limited Liability Company is:      Sufia, LLC

**Article II-Address**

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

6609 S. Westshore Blvd.  
Tampa, Florida 33616

**Article III-Registered Agent, Registered Office, & Registered Agent's Signature:**

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

\_\_\_\_ Sufia Jahngir \_\_\_\_\_  
Name  
\_\_\_\_ 6609 S. Westshore Blvd \_\_\_\_\_  
Florida Street address (P.O. Box NOT acceptable)  
\_\_\_\_ Tampa, Florida 34616 \_\_\_\_\_  
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.




Registered Agent's Signature

**Article IV-Management**

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

(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.)



Typed or printed name of signee

\$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)

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02 JUN - 3 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA