

LO3000008468

(Requestor's Name)



Mussaffarr M. Abdool
2249 SW Culpepper Ave.
Port Saint Lucie, FL 34953

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

03 MAR 7 AM 2003

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LO3-8468
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 26, 2003

MUSSAFFARR ABDOOL
2249 SW CULPEPPER AVENUE
PORT ST. LUCIE, FL 34953

SUBJECT: MUSSAFFAR MOHAMMED ABDOOL EXCAVATING & LAND
CLEARING, LLC
Ref. Number: W03000005525

We have received your document for MUSSAFFAR MOHAMMED ABDOOL
EXCAVATING & LAND CLEARING, LLC and your check(s) totaling \$125.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a
member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call
(850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 603A00012250

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR - 7 AM 8:24

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Mussaffarr Mohammed Abdool
Excavating & Land Clearing, LLC

ARTICLE II - Address:

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

2249 S.W. Culpepper Ave.
Port St. Lucie, FL 34953

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

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

Mussaffarr M. Abdool
Name
2249 S.W. Culpepper Ave
Florida street address (P.O. Box **NOT** acceptable)
Port St. Lucie, FL 34953
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.

Mussaffarr M. Abdool
Registered Agent's Signature

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MAR - 7 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mussaffarr M. Abdool
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.)

MUSSAFFARR M ABDOOL
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)