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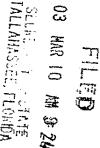
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (was easy |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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MK

March 6, 2003

Registration Section Division of Corporations 409 E. Gains St. Tallahassee, FL 32399

Re: Hesham A. Tawfik, AIA, LLC

Gentlemen:

Enclosed, please find a copy of the Articles of Organization for the above-named business, along with a check in the amount of HUNDRED-SIXTY DOLLARS (\$160.00), which represents the following:

\$100.00 Filling Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy
- \$ 5.00 Certificate of Status

Please forward the certified copy of the Articles of Organization directly to the undersigned, together with your receipt for costs.

Very truly yours,

Hesham A. Tawfik

888 Brickell Avenue, Suite 203

Miami, FL 33131

Phone 305-373-2843

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: Hesham A. Tawfik, AIA, LLC |
|---|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: BBB Brickell Avenue, Suite 203 Miami, FL 33131 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature |
| The name and the Florida street address of the registered agent are: Hesham Tawfik Name 888 Brickell Avenue, Suite 253 |
| Florida street address (P.O. Box NOT acceptable) |
| Miami, FL 33131 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 |
| (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 |

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)

that the facts stated herein are true.)