

LO3000016105

00789-02595-00671 * Suffix

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

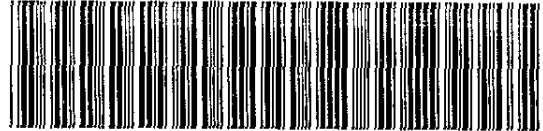
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W03-11862

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04/24/03--01031--024 **125.00

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03 MAY -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

**TO: Registration Section
Division of Corporation**

**SUBJECT: Las Olas Gourmet & Wine
Name of Limited Liability Company**

Please return all correspondence concerning this matter to the following:

**Javid Kosari
Las Olas Gourmet & Wine
10690 NW 14th St. #134
Plantation, FL 33322**

For further information concerning this matter, Please call:

Javid Kosari at: (954) 990-4364



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 25, 2003

JAVID KOSARI
LAS OLAS GOURMET & WINE
10690 NW 14TH ST., #134
PLANTATION, FL 33322

SUBJECT: LAS OLAS GOURMET & WINE
Ref. Number: W03000011862

We have received your document for LAS OLAS GOURMET & WINE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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 call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 903A00025202

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Las Olas Gourmet & Wine L.L.C

ARTICLE II - Address:

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

10690 NW 14th street Unit #134

Plantation, FL 33322

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

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

Javid Kosari

Name

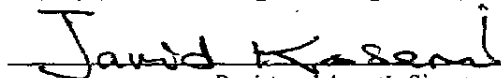
10690 NW 14th St. #134

Florida street address (P.O. Box NOT acceptable)

Plantation, FL 33322

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 that the facts stated herein are true.)

Javid Kosari

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 MAY -5: AM 8:50

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