

L030000 29098

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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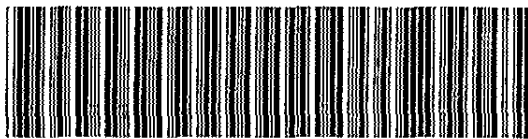
Certificates of Status _____

Special Instructions to Filing Officer:

EFFECTIVE DATE

8-15-03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KHALED ESTRADA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EFFECTIVE DATE

8-15-03

ZAKI A. KHALED

(Name of Person)

KHALED ESTRADA, LLC

(Firm/Company)

2916 E. FLETCHER AVENUE

(Address)

TAMPA, FLORIDA 33612

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ZAKI A. KHALED

(Name of Person)

at (813) 971-2810

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
KHALED ESTRADA, LLC

ARTICLE II - Address:

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

Principal Office Address:

KHALED ESTRADA, LLC
2916 E. FLETCHER AVENUE
TAMPA, FL 33612

Mailing Address:

KHALED ESTRADA, LLC
2916 E. FLETCHER AVENUE
TAMPA, FL 33612

EFFECTIVE DATE

8-15-03

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

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

ZAKI A. KHALED

Name

2916 E. FLETCHER AVENUE

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

TAMPA

FL 33612

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

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SECRETARY OF STATE

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ZAKI A. KHALED

17914 ARBOR GREENE DRIVE

TAMPA, FL 33617

ARTICLE V – Effective Date

The effective date of the LLC is as follows:

August 15, 2003

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

ZAKI A. KHALED

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)

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TALLAHASSEE, FLORIDA