

L03000030761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

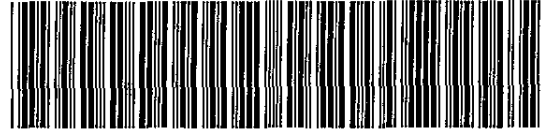
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100022234761

FILED

03 AUG 18 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

RECEIVED

03 AUG 18 PM 2:46

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 206038 4718279

AUTHORIZATION :

*Patricia Pizzuto*

COST LIMIT : \$ 125.00

FILED  
03 AUG 18 PM 4:35  
STATE OF  
FLORIDA  
TALLAHASSEE

ORDER DATE : August 14, 2003

ORDER TIME : 1:28 PM

ORDER NO. : 206038-005

CUSTOMER NO: 4718279

CUSTOMER: Reaz H. Jafri, Esq  
Jafri & Jafri

581 Middle Neck Road #c

Great Neck, NY 11023

DOMESTIC FILING

NAME: SEVEN WONDERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 1149

EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SEVEN WONDERS, LLC

## ARTICLE II - Address:

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

125 Clarinet Way, Davenport, FL 33837

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

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

Alan Schneider

Name

125 Clarinet Way

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

Davenport

FL

33837

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.*

Alan Schneider

By:

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.)

Alan Schneider

Typed or printed name of signer

### 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)

FILED  
03 AUG 28 PM 4:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE