

L03000040678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

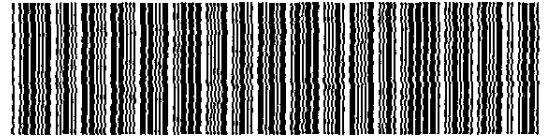
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200023249352

10/23/03--01037--023 **155.00

RECEIVED
03 OCT 23 AM 10:38
DIVISION OF CORPORATION

BK

FILED
03 OCT 23 PM 1:16
TALLAHASSEE STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

FILED
03 OCT 23 PM 1:16
STATE OF FLORIDA
TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. 3MA LIMITED LIABILITY COMPANY
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

03 OCT 23 PM 1:16
FILED
STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

3MA Limited Liability Company

ARTICLE II – Address:

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

**15455 Southwest 82nd Court
Miami, Florida 33157**

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual Life

ARTICLE IV – Management (Check box if applicable):

The Limited Liability Company is to be managed by a manager or managers and name(s) and address(es) of such manager is, therefore, a manager – managed company.

**Ali Sadeghi
15455 Southwest 82nd Court
Miami, Florida 33157**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members is/are:

(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.)

Ali Sadeghi
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)

ARTICLE V – Admission of additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI – Members Rights to Continue Business:

The right if given of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

A. Sadeghi

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.)

Ali Sadeghi

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
3MA Limited Liability Company

2. The name and the Florida street address of the registered agent is:

Ali Sadeghi

Name

15455 Southwest 82nd Court

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

Miami, Florida 33157

City, State and Zip

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statues related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

A. Sadeghi

SIGNATURE

Filing Fee: \$35.00 for Designation of Register Agent.