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ALL TO SERVICE STATES OF THE SERVICE STATES OFFICE USE ONLY (DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 200 Certified Copy Certificate of Status Mail out Will wait Photocopy AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Examiner's Initials

Trademark

Other

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Name:  The name of the Limited Linbility Company is:  SAM LLC.  The mailing address and street address of the principal office of the Limited Liability Company is:  2620 West 60 Place  HALEAH, Ft. 33016  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures:  The name and the Florida street address of the registered agent are:  SAM WATA I AHMED  Name  SIGNO West 60 PL HIALEAH Ft. 33016  Florida street address (P.O. Box NOT acceptable)  HIALEAH II 33016  The Laming 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  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.  NONAMORED Z. SHAKIR  GHULAM. SAMDANI  (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 rection 608, 408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the flects stated herein are true.)  Monamored. Z. Shakir.	•
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is 2620 West 60 PLACE HIALEAH, Ft. 330/6  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:	
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is 2620 West 60 PLACE  HIALEAH, F. 330/6  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature  The name and the Florida street address of the registered agent are:  KHAWATA I AHMED Name  3620 West 60 PL HIALEAH FL 330/6  Florida street address (P.O. Box NOT acceptable)  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  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.  MOHAMMED Z. SHAKIR  GHULAM. SAMDANI  (An additional article must be added if an effective date is requested)  Signature of a member or ap 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.)	The name of the Limited Linbility Company is:
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signaturer.  The name and the Florida street address of the registered agent are:    KHAWATA I AHMED     Name   Jelen Hialean Fl. 33016     Florida street address (P.O. Box NOT acceptable)     HIALEAH   Fl. 33016     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	A.D. A.D.
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MOHAMMED. Z. SHAKIR	of this document constitutes an affirmation under the penalties of perjury
Typed or printed name of signee	MOHAMMED. Z. SHAKIR Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
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\$ 5.00 Certificate of Status (Optional)