

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	ne #)
	—
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	 _
Special Histocholis to 1 ming Officer.	
	1
	MAN
	411
Office Use O	nly III



03/31/04--01031--009 **125.00



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: S.D.A KHAN L.L.C. (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:
DINA K KHAN PER
(Name of Person)
S.D.A KHAN L.L.C
(Firm/Company)
710 REGINA CIRCLE 35 57
(Address)
OAKLAND FLORIDA 34787 (City/State and Zin Code)
(Only 15 table and Exp Codd)
For further information concerning this matter, please call:
(Land out of Dayland Proprietary)

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:

S.D.A KHAN

ARTICLE II - Address:

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

Principal Office Address:

710 REGINA CIRCLE DAKLAND FL 34787

Mailing Address:

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

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

DINA K- KHAN

Name

710 REGINA CINCLE

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

OAKLAND FLORIDA 34787
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, Florida Statutes..

Page 1 of 2 (CONTINUED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MANAGEN	SHAKL R KHAN 710 REGINA CIRCLE DAKLAND FL 34787
MANAGING MEMBER GTARYS EXCERTS	KAMRAN R KOLAM 7546 RANNELLS 57-LOUIS MO 63143
	
Use attachment if necessary)	

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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)