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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 675-2811

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

B J Bijanzadeh LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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B J INC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY  
COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

B J Bijanzadeh LLC

ARTICLE II: Address

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

4650 Sugartown Street

Port St John, FL 32927

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE

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

Barbara Jean Bijanzadeh

4650 Sugartown Street

Port St John, FL 32927

Having been named as registered agent 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.



Barbara Jean Bijanzadeh /Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

Managing Member  
Barbara Jean Bijanzadeh  
4650 Sugartown Street  
Port St John, FL 32927



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.)

Barbara Jean Bijanzadeh  
Typed or printed name of signee

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PALM BEACH COUNTY  
FLORIDA

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