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(Re	questor's Name)	
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OF APR 30 AMIL: 14



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	<u> </u>
SUBJECT: MINI CENTRAL INVESTMENT LLC	
(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:	•
ANAYET U. THAKUR	
(Name of Person)	-
MINI CENTRAL INVESTMENT LLC	. <u></u>
(Firm/Company)	
9129 PASED DE VALENCIA ST.	
(Address)	
FORT MYERS, FL 33908	
(City/State and Zip Code)	F TOOR
For further information concerning this matter, please call:	OL APR 30 AHI
ANAYET U. THAKUR # 239, 225-0745	
(Name of Person) (Area Code & Daytime Telephone Number)	

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

ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MINI CENTRAL INVES	TMENT LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address	Mailing Address
9129 PASED DE VALENCIA ST.	9129 PASEO DE VALENCIA S
FORT MYERS, FL 33908	FORT MYERS, FL 33908
ARTICLE III - Registered Agent, Registered Offic	e, & Registered Agentia Signature
The name and the Florida street address of the register	7 977
ANAYET U, THA	KUR - STE
Name	ENCIA ST.
9129 PASEO DE VAL	ENCIA ST. 二 謂
Florida street address (P.O. Box M	NOT acceptable)
FORT MYERS, F	10PIDA 33908
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.

Registered Agents Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

		: = ·*
Title	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
EMMOHAMED MGRM	MOHAMED 10.BAL	
	P.O. BOX 298	·
	ZOLFO SPRINGS, FL 331	<u>\$</u> 90
MGRM	MOHAMMAD AMIN	
	790 BARCLAY TER	- -
	LAKEWALES, FL 33853	-
MGRM	ANAYET U. THAKUR	
	9129 PASEO DE VALENCIA	
	FORT MYERS, FL 33908	<u>-</u>
(Use attachment if necessary)		OH APR 30
`		另一
		33 68
NOTE: An additional article must	be added if an effective date is requested.	AHII:
	,	= 32
REQUIRED SIGNATURE:		一 豆
Anagel	aldin Thaken	J.
Signature of a member or a	an authorized representative of a member.	٠. د
(in accordance with section	608.408(3), Florida Statutes, the execution_	
or this document constitutes that the facts stated herein a	on affirmation under the penalties of perjury e true.)	-
ALLA VET 1	INDIN THAVISE	

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)