## L040000030438

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
/ \
(Business Entity Name)
,
(Document Number)
(Document Hambor)
Outline to the contract of Outline
Certified Copies Certificates of Status
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05/13/04--01081--002 \*\*87.50

05/14/04--01002--026 \*\*37.50

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## TRANSMITTAL LETTER

SECRETARY OF STATE
TALLAHASSEE. FLORIDA
04 MAY 13 PM 4: 12

**TO:** Registration Section Division of Corporations

SUBJECT: (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:

Wafesah Mujahid
(Name of Person)
FNAA
(Firm/Company)
1977 Vineland Land

Tallahassee Fl 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

Wafec Sah Mujahid at 850 878-0572 322-6006
(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

## ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

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

I allah FL 32

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..

(CONTINUED)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

04 MAY 13 PM 4: 12

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Wheeson Whyahid 1877 Virland Lane Tallah Fl 32317	
MGRM	Fareedah Woohid 2388 Tess Cart Tallah Fl 32301	
(Use attachment if necessary)		
(Ose attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:		
(In accordance with secti	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	

Filing Fees:

Typed or printed name of signee

\$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)

that the facts stated herein are true.)