

L0400004 75 23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

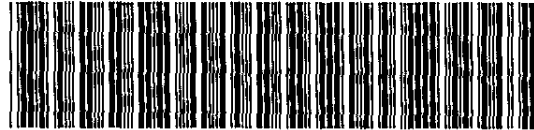
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FLORIDA

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RECEIVED

BK

Robert A. Pierce/Donna Marie Walters  
Ausley & McMullen

Requestor's Name

227 S. Calhoun Street

Address

Tallahassee, FL 32301

425-5457

City/State/Zip

Phone #

Office Use Only

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STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- |    |                                   |              |
|----|-----------------------------------|--------------|
| 1. | <b>Aya Investment Company LLC</b> | <b>NEW</b>   |
|    | (Corporation Name)                | (Document #) |
| 2. |                                   |              |
|    | (Corporation Name)                | (Document #) |
| 3. |                                   |              |
|    | (Corporation Name)                | (Document #) |
| 4. |                                   |              |
|    | (Corporation Name)                | (Document #) |

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Will pick up | <input checked="" type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out           | <input type="checkbox"/> Will wait               | <input type="checkbox"/> Certificate of Status     |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ **Limited Liability**
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560  
Writer's Direct Line: (850) 425-5457

June 23, 2004

FILED  
04 JUN 24 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Secretary of State  
409 East Gaines Street  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: Aya Investment Company LLC

Dear Madam/Sir:

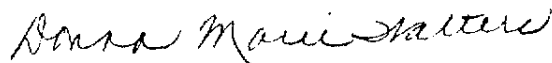
Enclosed are an original and one copy of the Articles of Organization for Aya Investment Company LLC, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters  
Legal Assistant

/dmw

Enclosures

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017757.40292

**ARTICLES OF ORGANIZATION  
OF  
AYA INVESTMENT COMPANY LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **AYA INVESTMENT COMPANY LLC.**

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:

Attn.: Khalil Afsh  
305 Bishop Boulevard  
Perry, FL 32347-3619

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**Robert A. Pierce**  
227 South Calhoun Street  
Tallahassee, FL 32301-1805

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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.*



**Robert A. Pierce, Registered Agent**

**ARTICLE 4.  
Management**

The name and address of the Manager are as follows:

**KHALIL AFSH, Manager**

305 Bishop Boulevard  
Perry, Florida 32347-3619

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 17<sup>th</sup> day of June, 2004.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

  
\_\_\_\_\_  
**Khalil Afsh, M.D., Member**

  
\_\_\_\_\_  
**Serene Afsh, Member**