

104000047826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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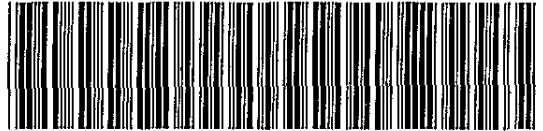
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMMU & KASHMIR ENTERPRISES 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:

KANWAL K. KAPUR

(Name of Person)

KANWAL K. KAPUR, CPA

(Firm/Company)

25 WINTHROP DRIVE

(Address)

WOODBURY, NY 11797-1334

(City/State and Zip Code)

For further information concerning this matter, please call:

KANWAL K KAPUR

(Name of Person)

at (516) 367-3227

(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

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

SEP 14 PM 2:24

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMMU & KASHMIR ENTERPRISES LLC

ARTICLE II - Address:

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

Principal Office Address:

76-03 113TH STREET UNIT M6

FOREST HILLS, NY 11375

Mailing Address:

76-03 113TH STREET UNIT M6

FOREST HILLS, NY 11375

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

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

MAGED MALEK

Name

830 N. ATLANTIC AVENUE

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

COCOA BEACH, FLORIDA 32931

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..

x 

Registered Agent's Signature

FILED
JAN 26 2011
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

"MGRM" = Managing Member

16 QUAKER RIDGE DRIVE
BROOKVILLE, NY 11545

(Use attachment if necessary)

REQUIRED SIGNATURE:

(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.)

AYAZ RASOOL

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

DA JUNE 26 PM 2:24
ST. JAMES, FLORIDA
FALLASSEE

FILED