

L040000 60/49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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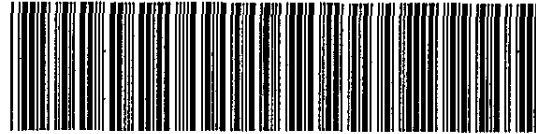
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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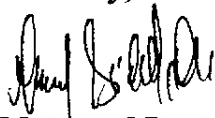
Mahmood David Siddiqi
6300 Palm Trace Landings Drive # 203
Davie, Florida 33314
Phone: 786-553-9447

To: Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

To whom it may concern,

Please Kindly apply effective date : August 18, 2004. Thanking you in advance...

Sincerely,



Mahmood David Siddiqi

TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOMBAY L.L.C
(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:

MAHMOOD (DAVID) Siddiqi
(Name of Person)

BOMBAY L.L.C
(Firm/Company)

6300-PALM TRACE APT # 203
(Address)

DAVIE, FLA 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID Siddiqi at (786) 553-9447
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOMBAY L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

MAHMOOD (DAVID) SIDDIQI

Mailing Address:

6300-PALM TRACE #203
DAVIE, FLA 33314

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

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

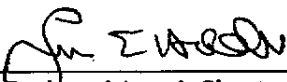
ATTORNEY FRANK HOLDEN
Name

166- HIALEAH DRIVE
Florida street address (P.O. Box NOT acceptable)

HIALEAH, FLORIDA 33010
City, State, and Zip

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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 Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

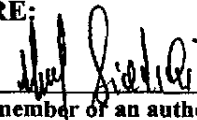
OPERATIONS MANAGER

MAHMOOD (DAVID) SIDDIQI
6300- PALM TRACE # 203
DAYLE, FLA 33314

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

MAHMOOD O SIDDIQI

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)

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