

L04000075203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

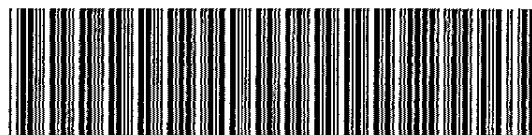
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

10/05/04

10/11/04--01024--020 **125.00

FILED
2004 OCT 11 PM 2:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-37538
J. BRYAN OCT 12 2004

J. BRYAN OCT 18 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MK PERMITTING 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:

MEHRDAD KHORASSANI
(Name of Person)

MK PERMITTING LLC
(Firm/Company)

3857 LONG GROVE LANE
(Address)

PORT ORANGE, FL 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

MEHRDAD KHORASSANI at (386) 566-6710
(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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2004 OCT 11 PM 2:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 12, 2004

MEHRDAD KHORASSANI
MK PERMITTING LLC
3857 LONG GROVE LANE
PORT ORANGE, FL 32129

SUBJECT: MK PERMITTING LLC
Ref. Number: W04000037538

FILED
2004 OCT 11 PM 2:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MK PERMITTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 11, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

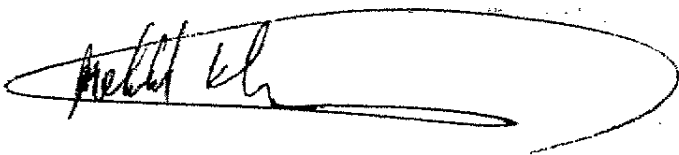
Letter Number: 204A00058859

OCT. 16, 2004

Dear Mr. Bryan:

Enclosed please find the corrected documents requested.
If you have any questions please Call Mehdi Khosravi @
386-304-9693 or 386-566-6710 -

Sincerely,

A handwritten signature in dark ink, appearing to read "Mehdi Kh", enclosed within a large, horizontal oval loop.

MGR.

MK Remitting LLC.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MK PERMITTING LLC

EFFECTIVE DATE

10/05/04

ARTICLE II - Address:

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

Principal Office Address:

3857 LONG GROVE LANE

PORT ORANGE, FL 32129

Mailing Address:

3857 LONG GROVE LANE

PORT ORANGE, FL 32129

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

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

MEHRDAD KHORASSANI

Name

3857 LONG GROVE LANE

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

PORT ORANGE

FLORIDA 32129

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

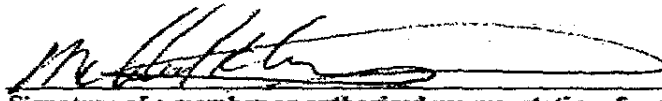
Title:	Name and Address:
MGR	Mehrdad Khorassani 3857 Long Grove Lane Port Orange, FL 32129

ARTICLE V – Effective Date:

The effective date of this Limited Liability Company is:

October 5, 2004

REQUIRED SIGNATURE:


Signature of a member or 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.)

Mehrdad Khorassani
Typed name of signer

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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)