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TAIL AHASSEE FLORIDA

Office Use Only

WDY -44858 J. BRYAN DEC 8.2004

## TRANSMITTAL LETTER

d Liability Company)	
ubmitted for filing.	
r to the following:	
Name of Person)	
Firm/Company)	200
runs Company)	EAST PER T
	DON DEC 16 AH 2: 08  CHURCH OF CORPORATION  ALLAHASSEE, FLORIDA
(Address)	
	ORA FLO
33308	08 TION RID/
State and Zip Code)	5
call:	·
at ( 954 ) 854-6375	
(Area Code & Daytime Te	lephone Number)
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING AI	
Registration Section Division of Corporations	
Division of Corporations Division of Corporations 409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314	
	Ibmitted for filing.  In to the following:  In to the following:  In to the following:  In to the following:  In the following:



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 8, 2004

RAMZI KOUSSA BAALSOFT LLC 2770 N.E. 58TH STREET FORT LAUDERDALE, FL 33308

SUBJECT: BAALSOFT LLC Ref. Number: W04000044858



We have received your document for BAALSOFT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Letter Number: 604A00068661

Joey Bryan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLE I - Name:	是是因为
The name of the Limited Liability Compan	y is:
BAALSOFT LLC	ELPO 2:
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	he principal office of the Limited Liability Company is:
	he principal office of the Limited Liability Company is:  Mailing Address:
The mailing address and street address of t	

RAM21 KQUSSA

Name

2770 N.F. 58 L

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

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

FORT LAUDER DALE FL 33308
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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	2770 N.E. 58TH STREET FORT LAUDERDALE, FLORIDA 33308
	SEE
	RODE TO THE RESERVE T
	<u> </u>
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
R.	Kousson
Signature of a member	or an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
Ramzi Koussa	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee