

L05000039659

S. Ashoon

3300 N.E. 19th Street

#1612

Aventura FL 33180

(number)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

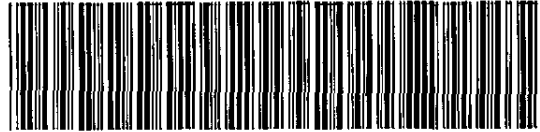
W05-17222

(Document Number)

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TALLAHASSEE FLORIDA

5p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASHRAM 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:

SHARON Ashoon
(Name of Person)

(Firm/Company)

3300 N.E. 191st Street #1612
(Address)

Aventura, Florida 33180
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

SHARON ASHOON at (954) 732-6369
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee *paid* ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 5, 2005

S. ASHOON
3300 N.E. 191ST STREET
AVENTURA, FL 33180

SUBJECT: ASHRAM, LLC
Ref. Number: W05000017222

We have received your document for ASHRAM, 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 205A000231

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASHRAM LLC.

ARTICLE II - Address:

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

Principal Office Address:

3300 N.E. 191st Street
#1612
Aventura, FL 33180

Mailing Address:

3300 N.E. 191st Street
#1612
Aventura, FL 33180

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

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

SHARON ASHOON
Name

3300 N.E. 191st Street #1612
Florida street address (P.O. Box **NOT** acceptable)
Aventura, FL 33180
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, F.S..

Sharon Ashoon
Registered Agent's Signature

(CONTINUED)

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:

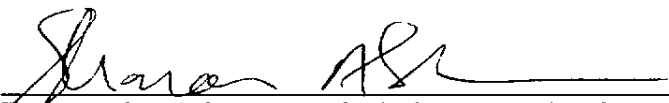
Mgr.

SHARON Asthoun
3300 N.E. 191st Street #162
Aventura, FL 33180

(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.)

SHARON Asthoun
Typed or printed name of signee

Filing Fees:

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

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TALLAHASSEE FLORIDA