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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone :	#)
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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FILED

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EZ-Tek LLC (Name of Limited	d Liability Company)	
`	, , , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of Organization and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Mustafa Hasham		
(1)	Name of Person)	
	Firm/Company)	<del></del>
`	1 27	
3258 Safe Harbor Ln		
	(Address)	
Lake Mary, FL 32746		
(City/	State and Zip Code)	0
For first and Comment and the state of the s		SE(S)
For further information concerning this matter, please	call:	三三 二
MUSTAFA HASTIAM	at ( 614 ) 638-3838	1-3 P
(Name of Person)	at ( 614 ) 638-3838 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		OS JUN -3 PM 4: 18 SECTION OF STATE FILCHIDA
☐ \$125.00 Filing Fee <b>②</b> \$130.00 Filing Fee &	☐ \$155.00 Filing Fee & ☐ \$160.00 F	-
Certificate of Status	Certified Copy Certificate of	Status &
	(additional copy is enclosed) Certified Coj (additional copy	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No.	Name: e Limited Liability Com	npany is:	
EZ-Tek LLC			
<b>ARTICLE II -</b> The mailing add		of the principal office of the Limited Liabili	ty Company is:
Principal Offic	e Address:	Mailing Address:	
3258 Safe Harbo	or Ln	3258 Safe Harbor Ln	
Lake Mary, FL 32	2746	Lake Mary, FL 32746	
	Mustafa Hasham 3258 Safe Harbor Ln	Name	0
	Florida street address (P.O. Box NOT acceptable)		OS JUN -3 F
	Lake Mary	FL	到十二
	Ci	ity, State, and Zip	3 8
liability com registered agen statutes relati	npany at the place design at and agree to act in this ing to the proper and con	nt and to accept service of process for the above nated in this certificate, I hereby accept the ap as capacity. I further agree to comply with the implete performance of my duties, and I am fan in as registered agent as provided for in Chapi	pointmess as provisions of all principles of all

(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" = Manag "MGRM" = Mar		Name and Address:			
MGMR		Mustafa Hasham 3258 Safe Harbor Ln			
		Lake Mary, FL 32746			
			<del></del>		
	_				
	<del></del>				
(Use attachment	if necessary)				
NOTE: An add	litional article must be	added if an effective date is requested	i <b>.</b>		
REQUIRED SI	GNATURE:	HL	SECRETA	05 JUN -3	
	Signature of a member or	an authorized representative of a member.	が代		E
	(In accordance with section of this document constitute that the facts stated herei	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	FLORIDA	81:4 Md	
	Mustafa Hasham				

Typed or printed name of signee

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)