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((Requestor's Name)	
	(Address)	
((Address)	
	(City/State/Zip/Phone #)	, <u>.</u>
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
((Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer	
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

5 JUN 15 PM 1:

05 JUN 15 PM 1:28

TRANSMITTAL LETTER

TO: '

Registration Section

Division of Co	orporations			
CHO HECT.	FMR Holding	ne II C		
SUBJECT:	 	d Liability Company)	 	
	(11mile of Emilie	d Diability Company)		
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	Farooq M. R	· · · · · · · · · · · · · · · · · · ·	···	
	C	Name of Person)		
	FMR Holdin	ngs, LLC	7s	
	(Firm/Company)	ζÖ	
			套齿	
			<u>多</u> 差	
	5025 Collins Av			
		(Address)	五 ^币	
			OP A	
	14: 1D 4	E1 00440	Ş n	
	Miami Beach			
	(City	/State and Zip Code)		
For further information	concerning this matter, please	on II.		
2 Of turtion information	concerning was matter, prease	van.		
Faroog M. Reh	matwala	at (305) 265-3850		
	e of Person)	(Area Code & Daytime To	elephone Number)	
·	·	` ,	. ,	
Enclosed is a check for	or the following amount:			
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
STRI	EET ADDRESS:	MAILING A	DDRESS:	
Registration Section		Registration S	ection	
Division of Corporations		Division of Corporations		
409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314				
I ailai	nassee, Florida 32399	i alianassee, h	Torida 32314	

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
FMR Holdings, LLC		
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Con	pany is:
Principal Office Address:	Mailing Address:	
5025 Collins Ave., Suite 1404	5025 Collins Ave., Suite 1404	3
Miami Beach, FL 33140	Miami Beach, FL 33140	
ARTICLE III - Registered Agent, Registered	i Office, & Registered Agent's Signature	ı xĕ
The name and the Florida street address of the registered agent are:		1: 28 JUN
Richard E. Tejera of St. Ge Name	eorge & Tejera	
1735 Ponce De Leon	H HS	
Florida street add	lress (P.O. Box NOT acceptable)	**
Coral Gables, FL 33134		№
City, State, a	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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV	- Manager(s) or Man	aging l	Memi	ber(s)):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Farooq M. Rehmatwala		
	5025 Collins Ave., Suite 1404 Miami Beach, FL 33140		
		——————————————————————————————————————	9
			NNF 50
(Use attachment if necessary)	he added if an affective data is magnested	SH CH	IS PH
REQUIRED SIGNATURE:	be added if an effective date is requested.	FLORIDA	1:28
Signature of a member	or an authorized representative of a member.		
	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)		
Farooq M. Rehmatw Tyr	ala ned 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)