

L05000084793

L05-84793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500058841895

08/26/05--01024--020 \*\*125.00

FILED

05 AUG 26 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 26 PM 12:01

STATE  
REGISTRAR  
TALLAHASSEE, FLORIDA

8/26  
cust

**GOLDBERG & OLIVE**  
ATTORNEYS AT LAW

2039 CENTRE POINTE BOULEVARD  
SUITE 201 (32308)  
POST OFFICE BOX 12458  
TALLAHASSEE, FLORIDA 32317

**STUART E. GOLDBERG\***

\*Florida Bar Certified Wills, Trusts & Estates

PHONE: (850) 222-4000

FAX: (850) 942-6400

**CAROLYN D. OLIVE†**

†Florida Bar Certified Tax Law

August 26, 2005

**By Hand Delivery**

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32301

Re: MAS, L.L.C.

Dear Sir or Madam:

Enclosed for filing are an original and one copy each of the Articles of Organization and Certificate of Designation of Registered Agent/Registered Office for the above-referenced limited liability company. Also enclosed is a check in the amount of \$125.00 to cover the filing fees (\$100.00 for filing fee, \$25.00 for registered agent certificate).

If "will-wait" service is available today, please return our document copies to my assistant; otherwise, please return them to me in the enclosed return envelope.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to call me.

Sincerely,



Carolyn D. Olive

CDO/ldv  
Enclosures

F:\Olive\Shahawy\MAS-LLC\SOSJtr

**FILED**  
05 AUG 26 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Articles of Organization of

**MAS, L.L.C.**

a Florida Limited Liability Company

\*\*\*\*\*

The undersigned Members hereby file these Articles of Organization in order to form a limited liability company under the laws of the State of Florida.

## ARTICLE I.

### Name

The name of this Limited Liability Company shall be: **MAS, L.L.C.**

## ARTICLE II.

### Address

The principal place of business of, and the mailing address of, this Limited Liability Company shall be 2434 Oakdale Street, Tallahassee, Florida 32308.

## ARTICLE III.

### Company Purposes & Powers

This Limited Liability Company is organized for the purpose of engaging in any or all activity or business permitted under the laws of the United States and the State of Florida. This Limited Liability Company shall have and exercise all the powers accorded limited liability companies under the laws of the State of Florida.

## ARTICLE IV.

### Duration

This Limited Liability Company shall have perpetual existence unless dissolved according to law.

## ARTICLE V.

### Members

This Limited Liability Company shall have one class of Members, all of whom shall be voting Members. No additional members shall be admitted to the Company except with the unanimous written consent of all the Members of the Company and upon such other terms and conditions as shall be set forth in the Operating Agreement and as otherwise determined by all the Members. A transfer of a Member's interest in the Company shall be made only in accordance with the provisions of the Operating Agreement. A transferee shall have no right to participate in the management of the business and affairs of the Company.

FILED  
05 JUN 26 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

or to become a Member except upon such approval by the Members as required by the Operating Agreement and otherwise upon compliance with all other requirements as set forth in the Operating Agreement.

**ARTICLE VI.**  
**Management**

Management of the Company shall be reserved to the Members. The names and addresses of the initial Members of the Company are as follows:

**Mohsen A. Shahawy**  
2434 Oakdale Street  
Tallahassee, Florida 32308

**Ann W. Shahawy**  
2434 Oakdale Street  
Tallahassee, Florida 32308

**ARTICLE VII.**  
**Address of Registered Office and Registered Agent**

The street address of the initial Registered Office of this Limited Liability Company is the State of Florida, and the name of the initial Registered Agent of the Limited Liability Company at such address shall be as follows:

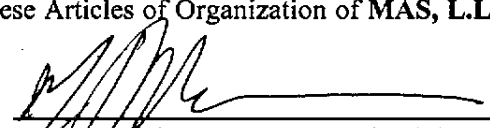
**Mohsen A. Shahawy**  
2434 Oakdale Street  
Tallahassee, Florida 32308

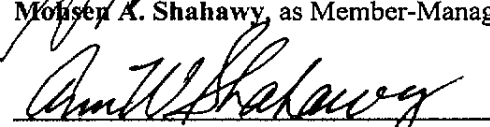
The Members may from time to time change the Registered Office to any other address in the State of Florida or change the Registered Agent.

**ARTICLE VIII.**  
**Amendment**

These Articles of Organization may be amended in any manner now or hereafter provided for by law, and all rights conferred upon Members hereunder are granted subject to this reservation.

25th IN WITNESS WHEREOF, we have executed these Articles of Organization of MAS, L.L.C. this day of August, 2005.

  
Mohsen A. Shahawy, as Member-Manager

  
Ann W. Shahawy, as Member-Manager

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing Articles of Organization of MAS, L.L.C. were acknowledged before me this 25<sup>th</sup> day of AUGUST, 2005, by Mohsen A. Shahawy [(X) who is personally known to me; or ( ) who has produced \_\_\_\_\_ as identification], as Member-Manager.

Carolyn D. Olive  
Signature of Notary Public

Notary Stamp/Seal

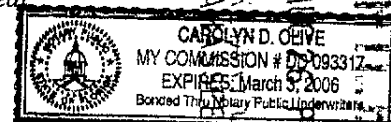


STATE OF FLORIDA  
COUNTY OF LEON

The foregoing Articles of Organization of MAS, L.L.C. were acknowledged before me this 25<sup>th</sup> day of AUGUST, 2005, by Ann W. Shahawy [(X) who is personally known to me; or ( ) who has produced \_\_\_\_\_ as identification], as Member-Manager.

Carolyn D. Olive  
Signature of Notary Public

Notary Stamp/Seal



F:\Olive\Shahawy\MAS-LLC\Articles.Org.LLC.wpd

# Certificate of Designation of Registered Agent and Registered Office of

**MAS, L.L.C.**


a Florida Limited Liability Company


\*\*\*\*\*  
\*\*\*\*\*

PURSUANT TO THE PROVISIONS OF SECTIONS 608.407(1)(d) and 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is: **MAS, L.L.C.**
2. The name and address of the registered agent and the address of the registered office are:

**Mohsen A. Shahawy**  
2434 Oakdale Street  
Tallahassee, Florida 32308

By:   
Mohsen A. Shahawy, as Member-Manager

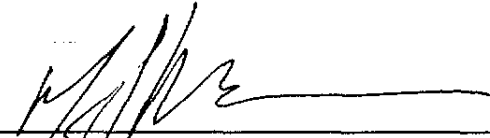
By:   
Ann W. Shahawy, as Member-Manager

FILED  
05 AUG 26 PM 12:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## ACCEPTANCE BY REGISTERED AGENT

*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.*

Dated this 25<sup>th</sup> day of August, 2005.

  
Mohsen A. Shahawy  
Registered Agent