Division	of Corporations
D14121011	or corporations

Page 1 of 1 103 hent of State 05 Porida Depai **Division of Corporations**

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000218234 3)))

Note: DO NOT hit the REFRESH/RELOAD buttor. on your browser from this page. Doing so will generate another cover sheet.

Tc	Division of Corporations Fax Number : (850)205-0383	os sep
13 PM 6: 01	Contraction of the second seco	13 AM 9: 37
05 SEP	LIMITED LIABILITY COMPANY	4 a(14/05

International Institute of Indian Massage Therapy LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing, Manu,

Corporate Filing,

Public Access Help,

1

•	H050002182	234
	ARTICLES OF ORGANIZATION FOR	
FI	ORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name	pany is: International Institute of Indian Massage Therapy, LL	Ċ
ARTICLE II - Address The mailing address and street addres	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
903 W. Oak Street	903 W. Oak Street	
Kissimmee, FL 34741	Kissimmee, FL 34741	
ARTICLE III - Registered Ag The name and Florida street address o	Imtiaz Ahmed Name 903 W. Oak Street	
	(P.O. Box or Mail Drop Box <u>NOT</u> Acceptable)	
	Kissimmee, FL 34741	
	(City / State / 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 - Initian Ahmed

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

H05000218234

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member Name and Address:

MGRM

Imtiaz Ahmed-903 W. Oak Street, Kissimmee, FL 34741

MGRM

Rivaz Ahmed- 903 W. Oak Street, Kissimmee, FL 34741

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Imtiaz Ahmed

Typed or printed name of signee

