

L05000118035

(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



300061679173

12/05/05--01021--010 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2005 DEC -5 AM 11:43

TRAPPE & DUSSEAULT, P.A.

ATTORNEYS AT LAW
236 McKenzie Avenue
POST OFFICE BOX 2526
PANAMA CITY, FLORIDA 32402-0160

Owen S. Trappe, Jr.
Brian A. Dusseault

Telephone (850) 769-6139
Facsimile (850) 769-6111

December 1, 2005

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 DEC -5 AM 11:43

Re: HOPE & EXPECTATION, LLC

Dear Sir or Madam:

Please find enclosed an original and copy of the Articles of Organization for HOPE & EXPECTATION LLC., Certificate Designating Place of Business for Designated Agent and Transmittal Letter regarding the above referenced limited liability corporation. I also enclose a check for \$125.00 which represents the filing fee and designation of resident agent.

I would appreciate you returning to my office a stamped copy of the Articles of Organization and Designation of Resident Agent in the self-addressed stamped envelope that I have provided to you. If you have any questions regarding the enclosed documents, please do not hesitate to telephone my office.

Thank you for your prompt attention to this matter.

Sincerely,


Stan Trappe

ST/dr
Enclosures

ARTICLES OF ORGANIZATION FOR HOPE & EXPECTATION, LLC

ARTICLE I

The name of the Limited Liability Company is HOPE & EXPECTATION, LLC

ARTICLE II

The mailing address of the Limited Liability Company's initial registered office is
HOPE & EXPECTATION, LLC, 2202 State Ave. Suite 201, Panama City FL 32405
address of the principal office of the Limited Liability Company is 2202 State Ave. Suite 201,
Panama City, FL 32405.

ARTICLE III

The name and the Florida street address of the registered agent is DR. KAMEL
ELZAWAHRY, 2202 State Ave. Suite 201, Panama City, FL 32405.

ARTICLE IV


The name and address of the Managing Member is:

1. Dr. Kamel Elzawahry, 2202 State Ave. Suite 201, Panama City, FL 32405

ARTICLE V

The names and addresses of the Members are as follows:

1. Firas G. Saleh & Rola Alemam, 204 C East Baldwin Rd., Panama City, FL 32405.
2. Mustafa Hammad, 204 G East Baldwin Rd., Panama City, FL 32405.


Dr. KAMEL ELZAWAHRY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2005 DEC -5 AM 11:43

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That HOPE & EXPECTATION, LLC, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, at the City of Panama City, County of Bay, State of Florida, has named DR. KAMEL ELZAWAHRY, located at 2202 State Ave., Suite 201, Panama City, County of Bay, State of Florida, as its agent to accept service of process within this State.

12/1/05
Dated

[Signature]
DR. KAMEL ELZAWAHRY

ACKNOWLEDGMENT:

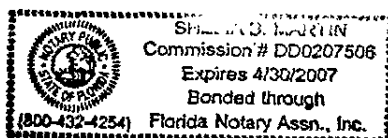
Having been named to accept service of process for the above stated organization at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 DEC 5 AM 11:43

[Signature]
DR. KAMEL ELZAWAHRY

STATE OF FLORIDA
COUNTY OF BAY

Sworn to and subscribed before me this 1st day of December, 2005, by DR. KAMEL ELZAWAHRY, who is personally known to me or who has produced _____ as identification.



Shelia B. Martin
Signature of Notary Public
Shelia B. Martin
Printed Name of Notary Public
Commission No.: DD0207506
Commission Expires: 4/3/07

SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE OF A MEMBER

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.


DR. KAMEL ELZAWAHRY

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 DEC -5 AM 11:43