

LD5000123706

(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



200062453592

12/29/05--01021--009 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 DEC 29 PM 3:31

EFFECTIVE DATE

01-02-06

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIMS PROPERTY DEVELOPMENT, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony T. Lepore, Esq.

(Name of Person)

Anthony T. Lepore, Esq., P.A.

(Firm/Company)

P.O. Box 823662

(Address)

South Florida, FL 33082-3662

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony T. Lepore

(Name of Person)

at ( 954 ) 433-2126

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 DEC 29 PM 3:31

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MIMS PROPERTY DEVELOPMENT, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

3001 W. Hallandale Beach Blvd #300  
Pembroke Park, FL 33009

#### Mailing Address:

3001 W. Hallandale Beach Blvd #300  
Pembroke Park, FL 33009

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sam Jazayri

Name

3001 W. Hallandale Beach Blvd #300

Florida street address (P.O. Box NOT acceptable)

Pembroke Park FL 33009

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 DEC 29 PM 3:31

*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 (REQUIRED)

(CONTINUED)

Page 1 of 3

EFFECTIVE DATE  
01-02-06

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Sam Jazayri

3001 W. Hallandale Beach Blvd #300

Pembroke Park, FL 33009

MGRM

Mojtaba A. Yamini

1542 S. Dixie Highway

Coral Gables, FL 33146

MGRM

Ali Sadeghi

15455 S.W. 82nd Court

Miami, FL 33157

MGRM

NOOSHJIN NEMATZ

10133 S.W. 140th Street

Miami, FL 33176

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 DEC 29 PM 3:31

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 2, 2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an 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.)

Sam Jazayri

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)

ARTICLE IV – CONTINUED

MGRM.....Union Trust Financial Services  
.....9050 Pines Blvd #383  
.....Pembroke Pines, FL 33024

MGRM.....Alireza Faraje  
.....3001 W. Hallandale Beach Blvd, Suite 300  
.....Pembroke Park, FL 33009

MGRM.....Majid Sattarzadeh  
.....3001 W. Hallandale Beach Blvd, Suite A  
.....Pembroke Park, FL 33009

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 DEC 29 PM 3:31