

LD60000025247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

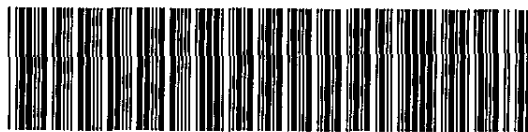
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900067129229

03/09/06--01018--007 \*\*180.00

FILED  
06 MAR -9 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 MAR -9 AM 10:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DESTINY REAL ESTATE DEVELOPERS, 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:

TARIQ ABUL-AZIZ  
(Name of Person)

DESTINY REAL ESTATE DEVELOPERS, LLC  
(Firm/Company)

1020 E. LAFAYETTE ST. STE. 102  
(Address)

TALLAHASSEE FL 32301  
(City/State and Zip Code)

FILED  
MAR -9 AM 10:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

TARIQ ABUL-AZIZ at ( 850 ) 528-9136  
(Name of Person) (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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DESTINY REAL ESTATE DEVELOPERS 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:**

**Mailing Address:**

1020 E. LAFAYETTE ST.  
ST. 102  
TLH, FL 32301

SAME

**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:

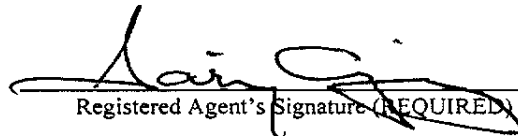
TARIQ ABDUL-AZIZ  
Name

3807 ULMER CT  
Florida street address (P.O. Box NOT acceptable)

TLH FL 32311  
City, State, and Zip

06 MAR -9 AM 10:07  
RECEIVED  
SECRETARY OF STATE  
ALLAHASSE, FLORIDA

*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)

**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:**

VICE PRES

MICHELLE MABRY  
3807 ULMER CT  
TLH, FL 32311

SECRETARY

JARED MABRY  
3807 ULMER CT  
TLH, FL 32311

TREASURER

JANAE MABRY  
3807 ULMER CT  
TLH, FL 32311

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

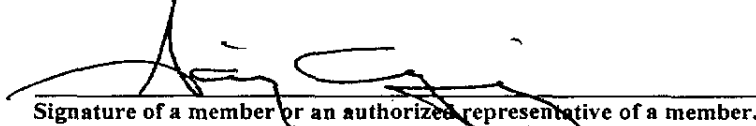
06 MAR -9 AM 10:07

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

TARIQ ABUL-AZIZ  
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)