## 1060000 27997

(Re	questor's Name)	***************************************
(Add	dress)	
(Adi	dress)	
(City	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		1, [
		3190
	Office Use Onl	TIMO



700067580677

08/14/06 - 01012 -- 005 \*\*125.10

08:4 11 - 14 c.H.53

## **COVER LETTER**

TO:	Registration S Division of Co	ection orporations		
SUBJE	СТ:		operLies ad Liability Company)	L.L.C.
The one	losed Articles	of Organization and fee(s) are s	ubmitted for filing,	
Pleaso :	eturn all corres	pondence concerning this matt	or to the following:	
-		SAM? FA	RAH Nume of Person)	
		·	(Mains of Ferson)	
-			(Firm/Company)	
-		20820 54	(Address)	my #1276
_		Micouri.	FL 3313	-9
		(City	/State and Zip Code)	95
For furt	her information	concerning this matter, please	call:	E E
	Som? (Nam	FARAL e of Person)	ar (305) 761- (Area Code & Daytime Te	7297 elephone Number)
Enclose	ed is a check f	or the following amount:		
<b>玄\$125</b> .	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is suclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORG	CANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN	Y
ARTICLE I - Name The name of the Lim	: ited Liability Company is:	
(Must end with the words	imited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Add The mailing address	ress: and street address of the principal office of the Limited Liability Company	is:
Principal Office Ad	Iress: Mailing Address:	
901 Sou Suite 415-Ho lly W	16 State Rd. 7 Som: FARAh  102 , Florida 33023 20820 SAN SIMFON WAY # 27  Mirani, Fl 33179	· (~
(The Limited Liability Combusiness entity with an act	orida street address of the registered agent are;	1 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	SAMI FARAL	
_	Name  30830 SAN Simeon Way # 276 ==  Florida street address (P.O. Box NOT acceptable)	
	riorida select adultats (r.o. pox <u>Pro i</u> acceptanie)	
-	Mi Qui FL 33179  City, State, and Zip	
liability company registered agent and statutes relating to	as registered agent and to accept service of process for the above stated limit at the place designated in this certificate, I hereby accept the appointment as agree to act in this capacity. I further agree to comply with the provisions of the proper and complete performance of my duties, and I am familiar with an tions of my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature (REQUIRED)	all

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manag <del>o</del> r	Name and Address:
"MGRM" = Managing Member	
werw.	SAM: FARAL
	901 South State RJ 7
	- Suite 415 Hallywood FL, 33 023
	NS HAR II. PH 1: 30
	P
(Use attachment if necessary)	·
ADDITION HET DOWN I I I I I I I I I I I I	A Later CERTINAL (ANTICALLY)
ARTICLE V: Enecuve date, if other dis (If an effective date is listed, the date m	an the date of filing: (OPTIONAL) rust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	•
REQUIRED SIGNATURE:	
	· (/\$\delta\)
Signature	
	member of an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
mer nic idora	SAMP FARAH.
	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)