

Division of Corporations

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Florida Department of State 2006 JUN -7 A 10: 18

Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## To:

Division of Corporations

Fax Number : (850) 205-0383

## From:

Account Name : THE PLANTE LAW GROUP

Account Number : I20050000106

Phone : (813) 875-5297

Fax Number : (813) 879-5297

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## I &amp; D Group, LLC

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

I & D Group, 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:**8806 Chesterton PlaceSAMETampa, FL 33635**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:

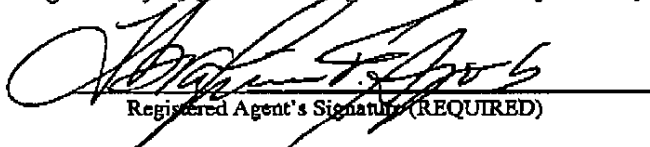
Ibrahim Faye Ayoub

Name

8806 Chesterton PlaceFlorida street address (P.O. Box **NOT** acceptable)Tampa, FL 33635FL

City, State, and 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 (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows: JUN - 7 A 10: 18

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Ibrahim Fayed Ayoub

8806 Chesterton Place

Tampa, FL 33635

MGRM

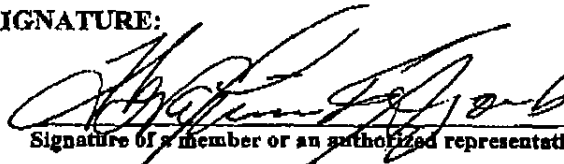
Dima Nadim Ayoub

8806 Chesterton Place

Tampa, FL 33635

(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.)

IBRAHIM F. AYOUB

Typed or printed name of signer

**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)

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