

L06000062063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

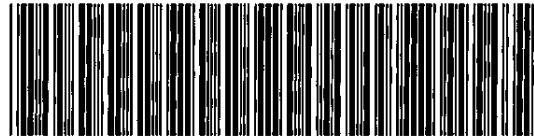
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUN 19 AM 11:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2006 JUN 19 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JUN 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PLEASE CHARGE
FILING FEES FOR
THE ATTACHED TO

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: 0721 00000 307

REFERENCE: 2045
(Sub Account)

DATE: 06/19/06

REQUESTOR NAME: ATTORNEYS' TITLE INSURANCE FUND, INC

ADDRESS: 1965 Capital Circle NE, Suite A
Tallahassee, FL 32308

TELEPHONE: 850 - 222-2785 ext.

CONTACT NAME: Barbara Keys

CORPORATION NAME:

DOCUMENT NUMBER
(If applicable)

AUTHORIZATION: 

FILED
2006 JUN 19 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2006 JUN 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- _____ CERTIFIED COPY (1-9) ARTICLES AND AMENDMENTS
- _____ CERTIFICATE OF STATUS (1-9)
- _____ PLAIN STAMPED COPY

- | | | |
|-----------------------|-----------------------|------------------|
| _____ Call When Ready | _____ Call if Problem | _____ After 2:30 |
| XXXX Walk In | _____ Will Wait | _____ Pick Up |
| _____ Mail Out | | |

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- PROFESSIONAL PROPERTY ACQUIRERS, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

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2006 JUN 19 PM 3:04
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
PROFESSIONAL PROPERTY ACQUIRERS, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company is PROFESSIONAL PROPERTY ACQUIRERS, LLC.

ARTICLE II

The mailing address of the Limited Liability Company's initial registered office is PROFESSIONAL PROPERTY ACQUIRERS, LLC, 2202 State Ave, Suite 201, Panama City FL, 32405 address of the principal office of the Limited Liability Company is 2202 State Ave, 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.
- 2.

ARTICLE V

The names and addresses of the Members are as follows:

1. Dr. Kamel & Mrs. Joan Elzawahry, 2202 State Ave, Suite 201, Panama City, FL 32405.
2. Dr. Sohail & Mrs. Irma Khan, 1000 Ohio Ave, Lynn Haven, FL 32444.
3. Dr. Ismail & Mrs. Shabanna Zabih, 1000 Ohio Ave, Lynn Haven, FL 32444.
4. Dr. Amer & Mrs. Fatima Malik, 1000 Ohio Ave, Lynn Haven, FL 32444.


Dr. KAMEL ELZAWAHRY

**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 PROFESSIONAL PROPERTY ACQUIRERS, 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 Lynn Haven, County of Bay, State of Florida, has named DR. KAMEL ELZAWAHRY, located at 2202 State Ave, Suite 201, Panama City, Florida, County of Bay, State of Florida, as its agent to accept service of process within this State.

06/13/2006
Dated


DR. KAMEL ELZAWAHRY

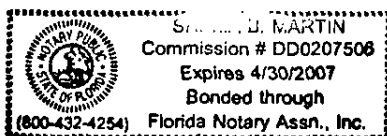
ACKNOWLEDGMENT:

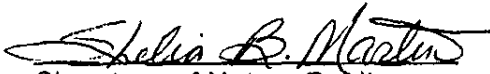
Having been named to accept service of process for the above stated organization, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.


DR. KAMEL ELZAWAHRY

STATE OF FLORIDA
COUNTY OF BAY

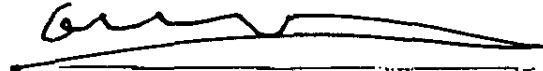
Sworn to and subscribed before me this 13th day of June, 2006, by DR. KAMEL ELZAWAHRY, who is personally known to me or who has produced _____ as identification.




Signature of Notary Public
Shelia B. Martin
Printed Name of Notary Public
Commission No.: DD0207506
Commission Expires: 04/30/2007

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.

A handwritten signature in black ink, appearing to read 'Kamel Elzawahry', written over a horizontal line.

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.