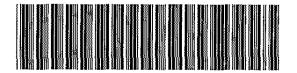
L06000186903

(Requestor's Name)	
((Address)	
(Address)	
(City/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Nar	ne)
(Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions	to Filing Officer:	

Office Use Only



000079255060

09/14/06--01002--007 **25.00

DIVESION OF SUPPORATION TALLADAS SES, FLORIDA

RECEIVED

ELINE GALL RESIDE

•			
FILINGS, INC. TERESA RO	MAN		
(Requestor's Name	9)		
2805 LITTLE DEAL ROAD			
(Address) TALLAHASSEE, FLORIDA 323	308 385-6735	OFFICE USE ONLY 25 6	بيعضي
(City, State, Zip)		OFFICE OSE ONLY	10 H 8: 58
CORPORATION NAM	E(S) & DOCUMENT NUMI	BER(S) (if known):	•
•	on Name) And Manufac	(Document #)	4
2. (Corporation	on Name)	(Document #)	
3(Corporation	nn Namel	(Document #)	
4.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(SSSINO), a y	
(Corporation)	on Name) ck up time	(Document #) Certified Copy	
walk in	ck up time	Certified Copy	
Mail out W	Till wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer	Director	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		-
Other	Merger		
			, ,
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement	•	
	Trademark	- · · · · · · · · · · · · · · · · · · ·	
	Other	Examiner's Initials	
CR2E031(10/92)		4.7	

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30, business days to correct the attached articles of organization or application to transact business in Florida.

		Y				
FIRST:						
	M.B. TRADING AND MANUFACTURING INTERNATIONAL.	_LLC				
SECON	<u>m</u> : The articles of organization or the application to transact business					
(CHI	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMENT				
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	THE NAME OF THE MANAGER SHALL BE					
	MOHAMMAD REZA BAGHERZADEH					
_						
-						
		·				
9	<u>OR</u>					
<u> </u>	Was defectively signed. The manner in which the document was defectively	signed and				
t	the appropriate correction are as follows:					
_						
_						
-						
_						
Dated:	SEPTEMBER 13 , 2006					
	Signature of a member or authorized representative of a member					
	TERESA ROMAN					
	Typed or printed name of signee					
	Typed of printed name of signee					
	Filing Fee: \$25.00					

Certified Copy:

\$30.00 (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



MABA TRADING AND MANUFACTURING INTERNATIONAL, 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:	
2655 LEJEUNE ROAD	2655 LEJEUNE ROAD	
SUITE 507	SUITE 507	
CORAL GABLES. FLORIDA 33134	CORAL GABLES, FLORIDA 33134	

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:

Name

3732 Naj Waj 167H STREET

Florida street address (P.O. Box 1/OT acceptable)

FORT LAUDERDALE

FL

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.

Terror Korton

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing M	iber	
MGR	MAHAMMAD REZA BAGHERZADEH	
	2655 LEZEUNE ROAD. SUITE 507	- , · · · · ·
	CORAL GABLES, FLORIDA 33134	
•		
		·
		<u></u>
		25 By
		<u></u>
		<u> </u>
	·	
		<u> </u>
		_ , , , , , , , , , , , , , , , , , , ,
(Use attachment if necess	y)	
,	9/1/06	•
CLE V: Effective date. if o		ONAL)
	te must be specific and cannot be more than five busines	s days prior
days after the date of file	(·)	
	₹•	
REQUIRED SIGNATU	~	

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

TERESA ROMAN

that the facts stated herein are true.)