

L00000087388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

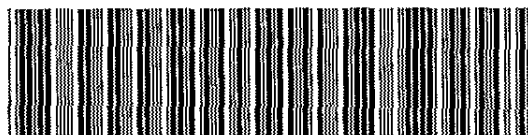
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300079246543

09/05/06--01013--017 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP -5 PM 2:39

J BRYAN SEP -6 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFRICA KARI BU 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:

ROBERT ZAHRA

(Name of Person)

AFRICA KARI BU LLC

(Firm Company)

680 LALIQUE CIRCLE, UNIT 1208

(Address)

NAPLES, FL, 34119

(City State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP -5 PM 2:39

For further information concerning this matter, please call:

ROBERT ZAHRA

(Name of Person)

at

(239) 2983771

(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:

AFRICA KARI BU 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:

680 LALIQUE CIRCLE
UNIT 1208
NAPLES, FL, 34119

Mailing Address:

680 LALIQUE CIRCLE
UNIT 1208
NAPLES, FL, 34119

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.)

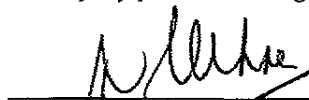
The name and the Florida street address of the registered agent are:

ROBERT ZAHARA
Name

680 LALIQUE CIRCLE, UNIT 1208
Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34119
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)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP -5 PM 2:39

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:

MGRM

BARBARA L. ZAHRA
680 LALIQUE CIRCLE, # 1208
NAPLES, FL, 34119

MGRM

ROBERT ZAHRA
680 LALIQUE CIRCLE, # 1208
NAPLES, FL, 34119

(Use attachment if necessary)

FILED STATES
SECRETARY OF CORPORATIONS
09 SEP - 5 PM 2:39

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:

 R. ZAHRA
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.)

ROBERT ZAHRA
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)