L06000110434

	(Requestor's Name)
., ., ., ., ., .	(Address)
	(Address)
ı	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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11/13/06--01004--015 **155.00

SECRETARY OF STATE DELECTION COSTATION TO A COSTATI

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2006

LAZARUS

TALLAHASSEE, FL

SUBJECT: JALIL INVESTMENTS LLC

Ref. Number: W06000049531



We have received your document for JALIL INVESTMENTS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The effective date specified -- 11/3/06 -- is more than 5 business days before the date the document was delivered to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 606A00066448

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

ALL DANGS CE. FLORIDA

·	•
•	Office Use Only
ORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known):
	TMENTS LLC
<u> </u>	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
	,
(Corporation Name)	(Document #)
	••
(Corporation Name)	(Document #)
~/	
Walk in Pick up time	e 2,00 Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit	☐ Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
A-musi Remark	1 D r
Annual Report Fictitious Name	Foreign Limited Partnership
, ,	Reinstatement
	Trademark
	Other
•	Examiner's Initials

•	
ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	The state of the s
Must end with the words "Limited Liability Company," Limited	ENTS Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE 11 - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
135016W 128 St. SUITE 105 MIAMI FL. 33186	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve us its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	zistered agent are:
CAROLINA D. Name 15880 S.W. 13	AHL
15880 EW 13	a 5+

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.

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>'litle:</u> MGR" == Manager MGRM" = Managing Momber	Name and Address:
MGR	GUILLER HO JALIL 15022 3W 143 PL. MIRMI FL. 33186
MGRM	RITA JALIL 15032 SW 143PC MIAMI FL. 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11 - 33 - 3006 (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.)

RITA JALIA
Typed or printed name of signee

Filing Feen:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Cortified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)