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(Re	equestor's Name)	
(Ac	ddress)	
(Address)		
(Ci	ty/State/Zip/Phone	e#)
PICK-UP	Mait	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Coples	Certificates	s of Status
Special instructions to	Filing Officer:	

Office Use Only



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COVER LETTER Registration Section Division of Corporations SUBJECT: Bengal Development, 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: Buba S. Barrow (Name of Person) Bengal Development, LLC (Firm/Company) 1950-1st Ave North, Suite 211 (Address) St Petersburg, Florida 33713 (City/State and Zip Code) For further information concerning this matter, please call: at (727 896-5429 (Area Code & Daytime Telephone Number) Buba S. Barrow (Name of Person) Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & **✓** \$160.00 Filing Fee, Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	:
Bengal Development, LLC	
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their appreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1950 1st Ave North	Same
Suite 211	
St Petersburg, Florida 33713	
St Petersburg, City, State,	registered agent are: Volume Content Co
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and its tered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manag	er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Buba S. Barrow ,MGRM	3773-67th Street North St Petersburg, Florida 33710
Mariama Barrow, MGRM	3773-67th Street North St Petersburg, Florida 33710
Mehdi Babul, MGRM	2334 Sunvise DR SE 25/6 St. Pateribury FL 33705
Shaeda Miah, MGRM	2334 Sunrise Dr. SE St. Paterstang, FL 33705 25/0
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 12/25/06 (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECRETARY ALLAHASSIAN For an authorized representative of a member.
(In accordance with second this document constitution of the facts stated here.)	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of periury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)