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(Re	equestor's Name)	
(Ad	ldress)	,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se	ection rporations		,
SUBJECT: ZUHA			
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Arshad H	ussain	••	
	(Name of Person)	
	(Firm/Company)	
2534 Dwy	yer Lane		·
		(Address)	
Lake Mai	ry, FL 32746		
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Arshad Hussair	n	at (407) 321-874	49
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	or 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



January 3, 2007

ARSHAD HUSSAIN 2534 DWYER LANE LAKE MARY, FL 32746

SUBJECT: ZUHA ENTERPRISE LLC

Ref. Number: W06000055378

We have received your document for ZUHA ENTERPRISE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6911.

Letter Number: 207A00000254

Brenda Tadlock Senior Section Administrator

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZUHA ENTERPRISE LLC			
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Com	pany	is:
Principal Office Address:	Mailing Address:		
2534 Dwyer Lane, Lake Mary, FL 32746	2534 Dwyer Lane, Lake Mary, FL 32746		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerus business entity with an active Florida registration.)		07	DIVIO
The name and the Florida street address of the re	egistered agent are:	JAN -	ON OF
Arshad Hussain		9	825
Name		AM 10: 23	사람이 기업을 기업을 기업을 기업을 기업을 기업을 기업을 기업을 기업을 기업을
2534 Dwyer Lane		ö	AA
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	23	STATE
Lake Mary, FL 32746	FL		
City, State, a	nd 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 (PEQUIRED

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:
"MGR" = Ma "MGRM" = N	nager fanaging Member	
MGR		Arshad Hussain
		2534 Dwyer Lane, Lake Mary, Ft 32746
		
	···	
(Use ottochme	nt if necessary)	
(Ose attachine	iit ii iiccessaiy)	
CLE V: Effecti	ve date, if other than the d	date of filing: (OPTIONAL)
effective date is	listed, the date must be	specific and cannot be more than five business days p
0 days after the	date of filing.)	
REQUIRED	SIGNATURE:	
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	C: 4	VVV : ZZ
		or an authorized representative of a member.
	(In accordance with secti	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury

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)

Arshad Hussain

Typed or printed name of signee