

LO700000 7474

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000017091 3)))



H070000170913ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: -
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Handwritten signature: E. J. ...

FLORIDA/FOREIGN LIMITED LIABILITY CO.

alqurneh llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
07 JAN 19 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H07000017091

3

ARTICLES OF ORGANIZATION
OF
ALQURNEH LLC
A Florida Limited Liability Company

ARTICLE I-NAME

The name of the Limited Liability Company is:

ALQURNEH LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:

6401 NW 2ND AVENUE MIAMI, FLA. 33150.

MAILING ADDRESS:

6481 NW 2ND AVENUE MIAMI, FLA. 33150.

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

MOHAMMED ISSA ALQURNEH
(NAME)

6401 NW 2ND AVENUE
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33150
CITY, STATE, AND ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 19 AM 9:35

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

H07000017091

H0700001091

ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGR= Manager

MGR= MOHAMMED ISSA ALQURNEH

6401 NW 2ND AVENUE MIAMI, FLA. 33150.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 19 AM 9:35

FILED

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

MOHAMMED ISSA ALQURNEH

Typed or printed name of signed

H0700001091