

**L07000036318**

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.**

((H07000089532 3)))



H070000895323ABC1

**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

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**family enterprises llc**

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

RECEIVED

07 APR -5 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR -5 AM 9:44

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H07000089532

**ARTICLES OF ORGANIZATION  
OF  
FAMILY ENTERPRISES LLC  
A Florida Limited Liability Company**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**FAMILY ENTERPRISES LLC**

**ARTICLE II-ADDRESS:**

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

**PRINCIPAL OFFICE ADDRESS:**

**MAILING ADDRESS:**

3400 WEST BROWARD BLVD FT LAUDERDALE, FLA. 33312. 3400 WEST BROWARD BLVD FT LAUDERDALE, FLA. 33312.

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

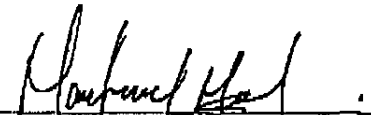
The name and the Florida street address of the registered agent are:

**MOHAMMED MOLLA**  
(NAME)

**3400 WEST BROWARD BLVD.**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**FORT LAUDERDALE, FLORIDA 33312**  
CITY, STATE, AND ZIP

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

07 APR -5 AM 9:44

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

H07000089532

H07000089532

**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= MOHAMMED MOLLA

3400 WEST BROWARD BLVD. FT. LAUDERDALE, FL. 33312

MGR= MD MISBAH UDDIN

3400 WEST BROWARD BLVD. FT. LAUDERDALE, FL. 33312

MGR= MAKSUMUL MAHMUD

3400 WEST BROWARD BLVD. FT. LAUDERDALE, FL. 33312

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 MOLLA**

Typed or printed name of signed

H07000089532