

LD7000068382

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.

((H07000168663 3)))



H070001686633ABC4

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

LS

RECEIVED

07 JUN 28 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

m i m petroleum llc

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 28 AM 10:15

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

3

HO 1000165663

**ARTICLES OF ORGANIZATION
OF
M I M PETROLEUM LLC
A Florida Limited Liability Company**

ARTICLE I-NAME

The name of the Limited Liability Company is:

M I M PETROLEUM 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:

13350 N.W 27TH AVE OPALOCKA, FLA. 33054. 13350 N.W 27TH AVE OPALOCKA, FLA. 33054.

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

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

MOHAMMED SHAYKAT AHAMED

(NAME)

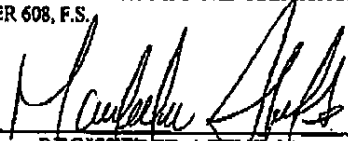
13350 N.W 27TH AVENUE

FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

OPALOCKA, FLORIDA 33054

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 28 AM 10: 15

FILED

HO 7000168663

ARTICLE IV-MANAGEMENT/MEMBER(S):

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

Title:

Name and address:

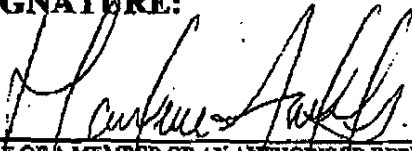
MGR= Manager

MGR= MOHAMMED SHAYKAT AHAMED 13350 N.W 27TH AVE OPALOCKA, FL. 33054.

(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 SHAYKAT AHAMED

Typed or printed name of signed

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 28 AM 10: 15

FILED

H07000168663