## L07000107258

(Requestor's Name)	
(Address)	· · · -
(Address)	<u>.</u>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: KAMZI	E LLC		
		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
ERIC AMS	ALLEM		
	(	Name of Person)	
ERIC AMS	ALLE LLC		
	(	Firm/Company)	
3598 YAC	HT CLUB DRIVE #	±1802	
		(Address)	
AVENTU	RA FL 33180		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
ERIC AMSALLE	M	at ( 786 ) 985 137	4
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	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	ns · Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
3598 YACHT CLUB DRIVE #1802 AVENTURA FL 33180	3598 YACHT CLUB DRIVE #1802 AVENTURA FL 33180	<del></del>	
	gistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual or of the registered agent are:	another 07 OCT	014101011
ENIO AMOALLEM	Name	22 P	
OFFICE VACUE OF UP	DDI /E #4000		
3598 YACHT CLUE Florida AVENTURA FL 33180	street address (P.O. Box NOT acceptable)	PH12: 16	1 7

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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" = Manager "MGRM" = Managing Member MGRM KAMEL ZEROUAL 13 RUE CRUPPET 93290 TREMBLAY EN FRANCE-FRANCE (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

of Registered Agent

Filing Fees:

**ERIC AMSALLEM** 

\$125.00 Filing Fee for Articles of Organization and Designation

Typed or printed name of signee