# LD800007759

:
(Requestor's Name)
. (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>_</del>
(Business Entity Name)
, , , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
MAR 1 8 2008
EXAMINER
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

#### **COVER LETTER**

TO: Registration Section Division of Corporations
LAS LLC
SUBJECT: (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thrahim Jusic (Name of Person)
(Name of Person)
(Firm/Company)
9952 Achburn lake Da
9952 Ashburn Lake DR
Tana 6 226.10
7.4 m pA , FL 33610 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Thrah Im JUSIC at (813) 531-3842  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee,} \\ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certifie
Mailing Address Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 29, 2008

IBRAHIM JUSIC 9952 ASHBURN LAKE DRIVE TAMPA, FL 33610

SUBJECT: LAS LLC

Ref. Number: W08000010756

We have received your document for LAS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000020476.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 808A00012821

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AS	Data.	$\alpha$ $\alpha$	mmur	ir COST	onuc
ARTICLE II - Ad						
The mailing address	and street addi	ress of the pri	incipal off	ice of the	Limited L	iability Compa
Principal Office Ad	dress:		]	Mailing A	ddress:	
A SHBURN	AVE THE	<b>)</b>				
MAHBURNE			•		<del></del> -	- <del></del> -
1PA FL	336 10				· · · · · · · · · · · · · · · · · · ·	
TPA FL	336 10					
			l Office, é	& Register	ed Agen	t's Signature:
ARTICLE III - R The name and the F	egistered Agen	t, Registered		_	ed Agen	t's Signature:
ARTICLE III - R	egistered Agen lorida street add	t, Registered	egistered a	_	ed Agen	t's Signature:
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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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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### 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

(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.)

IBRAHIM JUSIC

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)