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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
ω	08-17037	
Special Instructions to		
!		

Office Use Only



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Effective Page 4/1/00

SECRETARY OF STATE ON ON VISION OF CORPORATIONS

Name-LO5-11050 4:Hles

B. THE APR 0 9 2008

COVER LETTER

TO:	Registration Division of C			
SUBJ	FCT∙	Asher LL	С	
50.00		(Name of Limited	Liability Comp	any)
The en	closed Articles	of Organization and fee(s) are sul	bmitted for filin	g.,
Please	return all corres	pondence concerning this matter	to the following	g :
		Yomi Salu		
		(N	ame of Person)	
		Asher LLC		
		(F	irm/Company)	
		P.O.Box 1000	58	
			(Address)	
	Palm Bay	, Florida, 32910		
		(City/S	State and Zip Cod	e)
For fu	rther information	n concerning this matter, please c	all:	
•		Yomi Salu	954	224-0622 de & Daytime Telephone Number)
	(Nam	e of Person)	(Area Coo	de & Daytime Telephone Number)
Enclo	sed is a check i	for the following amount:		
/ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filin Certified Co (additional cop	py Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Address tion Section to of Corporations Suilding ecutive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2008

YOMI SALU ASHER LLC PO BOX 100058 PALM BAY, FL 32910

SUBJECT: ASHER LLC Ref. Number: W08000017037 Asher Judah LLC

We have received your document for ASHER 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.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6911.

Brenda Tadlock

Senior Section Administrator

Letter Number: 208A00019477

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	\mbb
	Asher Judah 5-11/	110
	Date H	',,
(Must end with the words "Limit	ASher Judh LLR Date H ted Liability Company, "L.I. Conse" LLC.") Effective "LLC.")	
ARTICLE II - Address:	En	
The mailing address and street address o	f the principal office of the Limited Lia	bility Company is:
3		CO
Principal Office Address:	Mailing Address:	HAR
184 Dickinson Street,	D.O. D. 400050	31 PF 6
Palm Bay, Florida, 32910	P.O. Box 100058 Palm Bay, Florida, 32910	—— <u> </u>
· carriogy, i torical, ozo to	Fain bay, Florida, 529 to	AH RP OF S
		
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address		
Yo	mi Salu	,
	Name	
184 Dickinson S	Street,	
Florida s	street address (P.O. Box NOT acceptable)	
Palm Bay, Flori	da, 329 <u>1</u> 0	
City	, State, and Zip	
Having been named as registered agent liability company at the place designa registered agent and agree to act in this o statutes relating to the proper and comp	uted in this certificate, I hereby accept the capacity. I further agree to comply with	e appointment as the provisions of all

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

MGR" = Manager MGRM" = Managing Member Beverly Salu P.O.Box 100058, Palm Bay, Florida, 32910 P.O.Box 100058, Palm Bay, Florida, 32910	Title:	•	Name and Address:
Ayokuti Salu MC/2 P.O.Box 100058, Palm Bay, Florida, 32910 Ayokuti Salu MC/2 P.O.Box 100058, Palm Bay, Florida, 32910 Auginature of a member of 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.)		er	
P.O.Box 100058, Palm Bay, Florida, 32910 P.O.Box 100058, Palm Bay, Florida, 32910 Ayokuti Salu MC/2 P.O.Box 100058, Palm Bay, Florida, 32910 404 Kentucky Avenue, Washington, DC 20003 (OPTIC fective date, if other than the date of filing: April 7, 2008 [Sective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REOUIRED SIGNATURE: (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.)	"MGRM" = Mana	iging Member	
Ayokuti Salu MC/2 P.O.Box 100058, Palm Bay, Florida, 32910 404 Kentucky Avenue, Washington, DC 20003 (Use attachment if necessary) Lev: Effective date, if other than the date of filing: April 7, 2008 (OPTIC fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REQUIRED SIGNATURE: (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.)	MGR M		Beverly Salu
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: April 7, 2008 (OPTIC fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REOUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an aftirmation under the penalties of perjury that the facts stated herein are true.)			P.O.Box 100058, Palm Bay, Florida, 32910
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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.)	Kafayat Husband	MUR	404 Kentucky Avenue, Washington, DC 20003
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Yomi Salu	LE V: Effective de fective date is liste days after the date days after the date days after the	late, if other than the ed, the date must te of filing.)	be specific and cannot be more than five business
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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