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, (Re	equestor's Name)	
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J. BRYAN

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EXAMINER

COVER LETTER

	igistration Section solution of Corporations		
SUBJECT:	Khan Investments	s, LLC	
30200.		Limited Liability Company)	
The enclose	d Articles of Organization and fee	(s) are submitted for filing.	
Please return	n all correspondence concerning th	is matter to the following:	
Pa	tricia Touchstone		
 · ·		(Name of Person)	
St	rategic Corporate	Services Plus, Inc	
		(Firm/Company)	
15	00 Avenue F Suite	e 3	
		(Address)	
Ely	y, NV 89301		30 See 1
		(City/State and Zip Code)	C 29
For further i	nformation concerning this matter	please call:	CORPORATIONS 9 PH 4: 03
			08.416W
Patrici	a Touchstone (Name of Person)	at (775) 289-2789 (Area Code & Daytime Telephone Number)	3 5
	(traine of Ferson)	(Allea Code & Baytime Telephone Namo	,
Enclosed is	a check for the following amou	unt:	
□\$125.00 F	iling Fee \$130.00 Filing Fe Certificate of Star	tus Certified Copy Certificate (additional copy is enclosed) Certified (e of Status &
	Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Khan Investments, LLC (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10902 Rushwood Way Clermont, FL 34714	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Sarfraz Khan	
Name	PH 4
10902 Rushwood Florida street addr	Way ress (P.O. Box NOT acceptable)
Clermont City, State, ar	FL 34714
,,	•

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, F.S..

Regulered 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:

MGRM	Sarfraz Khan 10902 Rushwood Way
	Clermont, FL 34714
MGRM	Gwenetha Roberts
	10902 Rushwood Way
	Clermont, FL 34714
	080000
(Use attachment if necessary	
CLE V: Effective date, if other	than the date of filing: (OPTIONAL
ffective date is listed, the dat	e must be specific and cannot be more than five business days
days after the date of filing.	

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.)

Sarfraz Khan

Typed or printed name of signee

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)