1º0900096284

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Fatity Name)
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

G. MCLEOD

OCT - 6 2009

EXAMINER



100161225321

10/05/09--01040--009 **160.00

09 0CT -5 PH 1: 50

SECRETARY OF STATE

COVER LETTER

	on Section f Corporations		
SUBJECT:	JAIRAM	ENTERPRISE LLC	
	Name of Limite	d Liability Company	
The enclosed Articl	es of Organization and fee(s) are s	ubmitted for filing.	
Please return all con	respondence concerning this matte	er to the following:	
		neshwar Singh	
	1	Name of Person	
		Firm/Company	
	1603	33 SW 63 Ter	
		Address	
		ami, FL 33193	
	-	/State and Zip Code 007@bellsouth.net	
	E-mail address: (to be used fo	r future annual report notification)	
For further informat	ion concerning this matter, please	call:	
	meshwar Singh ame of Person	at (305) & Area Code & Daytime Tel	562-1544 ephone Number
Enclosed is a chec	k for the following amount:		
]\$125.00 Filing Fe	ce \$\sumsymbol{\sumsymbol{\subsymbol{\symbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol	\$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 Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
IAIDAM E	NTERPRISE LLC	
	mited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
16033 SW 63 Ter	16033 SW 63 Ter	
Miami, FL 33193	Miami, FL 33193	
business entity with an active Florida registration. The name and the Florida street addres Ra	s of the registered agent are: meshwar Singh Name 033 SW 63 Ter dress (P.O. Box NOT acceptable)	SECRETARY OF STATE IVISION OF CORPORATION
	ty, State, and Zip	**
liability company at the place designed registered agent and agree to act in this statutes relating to the proper and continuous con	nt and to accept service of process for the conded in this certificate, I hereby accept the scapacity. I further agree to comply with implete performance of my duties, and I am in as registered agent as provided for in Control of the condensation	e appointment as the provisions of all a familiar with and

(CONTINUED)

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

"MGP" = Mana	aar	Name and Address:
"MGR" = Mana; "MGRM" = Mar		
MGRM		Rameshwar Singh
	- 	16033 SW 63 Ter
		Miami, FL 33193
MGR		Jainarine Aparbal
		20400 SW 116 Ave
		Miami, FL 33189
		
	<u></u>	
	_	
Use attachment	if necessary)	
	• /	10/04/2000
LEV: Effective	date, if other than the	date of filing: 10/01/2009 . (OPTIO
LE V: Effective fective date is lis	date, if other than the sted, the date must be	date of filing: 10/01/2009 . (OPTIO
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.)	
	date, if other than the sted, the date must be ate of filing.)	
LE V: Effective fective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE:	
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member	r or an authorized appresentative of a member.
LE V: Effective Sective date is list days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member.
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitutat the facts stated here	r or an authorized representative of a member.

of Registered Agent

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