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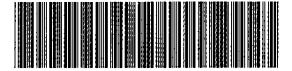
| (Requ | estor's Name) | |
|------------------------------|----------------|-----------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Na | me) . |
| (Docur | ment Number) | , , , , |
| Certified Copies | Certificate | s of Status _ · |
| Special Instructions to Fili | | |

A. LUNT

NOV 24 2009

EXAMINER

Office Use Only



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COVER LETTER

| TO: | Registration Division of C | Section Corporations | | |
|------------------|-------------------------------|---|---|--|
| SUBJE | СТ: | | ARASH LLC | |
| | | Name of Limi | ted Liability Company | |
| The end | closed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please | return all corre | spondence concerning this ma | tter to the following: | |
| | | <u>+</u> | Kamvar Ashori | · · · · · · · · · · · · · · · · · · · |
| | | | Name of Person | and par |
| | | | ARASH LLC | SECRETARY ALLAHASS |
| | | | Firm/Company | |
| | 89: | | Brightwater Cir | 1388 1388 |
| | Address | | | |
| | | Maitla | and FL 32751 | PRIZ: 3 |
| • | | | ty/State and Zip Code | |
| | | | | |
| | | E-mail address: (to be used | for future annual report notifica | tion) |
| For furt | her information | n concerning this matter, pleas | e call: | |
| | | nvar Ashori | _at (407) | 375-4009 |
| | Name | e of Person | Area Code & Daytim | e Telephone Number |
| Enclose | ed is a check t | for the following amount: | | |
|] \$125.0 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclose | S160.00 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 Add Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 | ations nter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam The name of the Lin | e: nited Liability Comp | any is: | | | |
|---|---|--|---|--|--|
| (Mus | ARAS | SH LLC ed Liability Company," "L.L.C.," or ' | "LLC.") | | |
| | | | | | |
| ARTICLE II - Add | | f the principal office of the I | imited Liability Company is: | | |
| The maning address | and street address of | the principal office of the 1 | mined Elability Company is. | | |
| Principal Office Address: | | Mailing Address: | Mailing Address: | | |
| 892 Brightwater C Maitland FL 327 | | Same | | | |
| business entity with an ac | orida street address o | of the registered agent are: | 7A.S. 28 | | |
| - | | Name | — — — — — — — — — — — — — — — — — — — | | |
| | 892 B | rightwater Cir | | | |
| - | | ss (P.O. Box <u>NOT</u> acceptable) | - SE 23 | | |
| | Maitland FL 32751 FL | | - SING | | |
| - | | State, and Zip | | | |
| liability company registered agent and statutes relating to | y at the place designa d agree to act in this c o the proper and comp | ted in this certificate, I hereby apacity. I further agree to co | omply with the provisions of all s, and I am familiar with and | | |
| | 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:

| <u>Title:</u> | Name and Address: | |
|---|---|--|
| "MGR" = Manager | | # 28 |
| "MGRM" = Managing Member | | 2009 NOV |
| MGR | Kamvar Ashori | |
| | 892 Brightwater Cir | 23 |
| | Maitland FL 32751 | PH 12: 3 |
| | | F. 63 |
| | | 22 3 |
| | | 15 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| RTICLE V: Effective date, if other than the | data of filing: 11/18/09 | (OPTIONAL) |
| If an effective date is listed, the date must b | e specific and cannot be more than f | (OF HONAL) ive business davs prior |
| or 90 days after the date of filing.) | | The desired states and states are the states are th |
| / | | |
| <u>REQUIRED</u> SIGNATURE: | | |
| | ARIA | |
| Signature of a member | er or an authorized representative of a me | mber. |
| (In accordance with se | ction 608.408(3), Florida Statutes, the execu | tion |
| | titutes an affirmation under the penalties of p | |
| 1 | • | |
| Tany | PPED ASHOC. | |
| Filing Fees: | Lear at Learning transferre | |
| | | |

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)