110000005005

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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01/05/10--01024--008 **125.00



T. CLINE ...

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2010

EDNA RABATA 11542 LAKE WILLIS DRIVE ORLANDO, FL 32821

SUBJECT: NAIRN LLC

Ref. Number: W1000000510

We have received your document for NAIRN 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 for 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 all 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 P05000098735.

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

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) 245-6020.

2013 JAN & PH 1: 10

Tammi Cline Regulatory Specialist II

Letter Number: 910A00000351

2010 JAN-5 PH 1: 10 SECRETARY OF STATE

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

COVER LETTER

TO:	Registration S Division of Co						
SUBJI	ECT:		NAIRN	LLC			
		Name of Limit	ed Liability	Company			
The en	closed Articles o	f Organization and fee(s) are	submitted fo	or filing.			
Please	return all corresp	condence concerning this mat	ter to the foi	lowing:			
		E	DNA RAB	·		····	
			Name of Per	son			
			NAIRN L				
			Firm/Compa	any		Xs.	20
11542 LAKE WILLIS DRIVE						2010 JUN	
			Address			HAS.	S
	ORLANDO, FL 32821					m-K	0 ∏
	City/State and Zip Code naim@aol.com						ki
,		E-mail address: (to be used	for future arm	ual report notifica	tion)	Dri Fr	C
For fur	ther information	concerning this matter, pleas	e call:				
		A RABATA	_at (32		442-4296		
	Name	of Person	Are	a Code & Daytim	e Telephone Number		
Enclos	sed is a check fo	or the following amount:					
/]\$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy nal copy is enclose	Certificate	of Status	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Re Di Cli 26	rect/Courier Adgistration Section vision of Corporifton Building 61 Executive Cellahassee, FL 32	n rations enter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:
NAIRN Trans	POPT LLC
(Must end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11542 LAKE WILLIS DR ORLANDO, FL 32821	11542 LAKE WILLIS DR ORLANDO, FL 32821
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another registered agent are:
EDNA R	ABATA STATE
Name	
11542 LAKE	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
ORLANDO, FL 32821	FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and

egistered agent and agree to act in this capacity. I further agree to comply with the provisions of a 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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	Mohamad Rabata
"MGRM" = Managing Member	MGR
MOHAMAD RABATA	11542 LAKE WILLIS DR
	ORLANDO, FL 32821
	,
(Use attachment if necessary)	
·	e date of filing: 01/01/2010 OPTION
LE V: Effective date, if other than the	e date of filing: 01/01/2010 . (OPTION) be specific and cannot be more than five business ()
LE V: Effective date, if other than the	be specific and cannot be more than five business &
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five business \mathcal{Y}
LEV: Effective date, if other than the ffective date is listed, the date must be	be specific and cannot be more than five business &
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business &

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

Filing Fees:

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