## L10000025536

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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DIVISION STATES TO BOA

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10 MAR -8 PM PS: 18

SECRETARY OF STATE

NAME: 18

T. HAMPTON MAR - 8 2010

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:FN	oba Hookah Name of Limi	ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
Mosdi	Yaseen	Name of Person	
Enel	be Hookeh Bobock	Firm/Company	
3150	Bobock	Address	
Melhou	vrne fl,	Address  y/State and Zip Code  o//  for future annual report notification)	
maid y	Aseen O yohoo Ce E-mail address: (to be used	oM for future annual report notification)	
For further information	concerning this matter, please	e call:	
Majdi Yosee,	of Person	at (614) 446-5 Area Code & Daytime Telep	chone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•
Emba Flookah "LLC"  (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3150 S. Babcock  Melbourne, Fl.	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Majdi Vasee Name	n .
3150 S. Babeac	ress (P.O. Box <u>NOT</u> acceptable)
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Melhausne City, Sta	¿FL te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all formance of my duties, and I am furthar with and tered agent as provided for in Chapter 60.
Registered Agent's Signatu	Ire (REQUIRED)
(CONTI)	NUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manger	Majdi Valeen 6759 Jennes Ann way Canal winchester, Oh, 43110
(Use attachment if necessary)  FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
A	
wolling	jas een
(In accordance with sec	
(In accordance with sec of this document consti- that the facts stated here	etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjunction

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