

L10000053480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100180650021

05/17/10--01029--011 \*\*155.00

EFFECTIVE DATE

5/14/10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 17 PM 4:05

FILED

N. Colligan MAY 18 2010

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 55 West Convenience Store, LLC.**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jalaluddin F. Manji

Name of Person

55 West Convenience Store, LLC

Firm/Company

869 Cynthianna Circle

Address

Altamonte Springs, Florida 32701

City/State and Zip Code

zfnj@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jalaluddin F. Manji

Name of Person

at ( 407 )

739-7864

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

55 West convenience Store, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

869 Cynthianna Circle

869 Cynthianna Circle

Altamonte Springs

Altamonte Springs

Florida 32701

Florida 32701

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jalaluddin F. Manji

Name

869 Cynthianna Circle

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs

FL 32701

City, State, and Zip

FILED  
10 MAY 17 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

*Jalaluddin F. Manji*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGMR

Jalaluddin F. Manji

869 Cynthianna Circle

Altamonte Springs, Florida 32701

MGMR

Salman Hamirani

10855 Windsor Walk Drive, # 5109

Orlando, Florida 32837

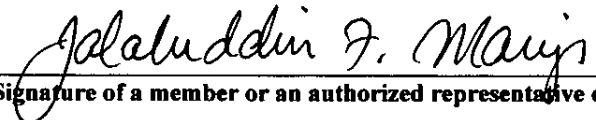
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/14/2010. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Jalaluddin F. Manji  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
10 MAY 17 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)