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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ANASSEF, FLORIDA

T. CLINE
JUN 2 5 2010
EXAMINER

COVER LETTER

~		Registration Division of C							
	SUBJEC	т: Др	Name of Limit	ed Liability Company	,				
	The enclo	sed Articles o	of Organization and fee(s) are	submitted for filing.					
Please return all correspondence concerning this matter to the following:									
	4	JMIL	wh Dutch	Name of Person					
	_}	imf	ish Outch	NLLC.	· · · · · · · · · · · · · · · · · · ·				
3601 W. Hillsborn Blvd Syste G-1									
	\mathcal{C}	ocor	not Creel	LFL 336	073 × =				
	<u>C</u>	.omb	E-mail address: (to be used f	of luture annual Ort notification)	00. CAME T				
	For furthe	er information	concerning this matter, please	call:	PA PA				
	Am	IDAh Name	O.Achiw of Person	at (954) 53 [-1	S3 Jan 22 Shone Number 22				
	Enclosed	l is a check f	or the following amount:						
Ţ	⊐ \$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 C	ircle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aminah Detchin 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: Mai
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 of griothers business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Ami Agin Dividing Signature? Name 3601 W. Hilsboro Blvd Sufe Florida street address (P.O. Box NOT acceptable) Cocon Cleb Florida street address (P.O. Box NOT acceptable) City, State, and Zip
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and ac	ldress of each Manager	or Managing Mer	nber is as follows:		
Title: "MGR" = Manag "MGRM" = Mar		Amingh 3601 W	Detehing Hillsbord F	\$1443#G	-10
(Use attachment ARTICLE V: Effective (If an effective date is list or 90 days after the days)	date, if other than the dated, the date must be s				
to or 90 days after the days after t	GNATURE: Signature of a member of this document constitute that the facts stated herein Amnah	on 608.408(3), Florida tes an affirmation und	a Statutes, the execution er the penalties of perjury	ASA ASA ASA ASA ASA ASA ASA ASA ASA ASA	
Filing Fees	<u>.</u>			7	

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

\$125.00 Filing Fee for Articles of Organization and Designation

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