

L1000000991046

(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:

L. SELLERS

SEP 22 2010

EXAMINER

L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 21 PM 12:06

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAESARS COMMERCIAL ENTERPRISE '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:

SARMED S. KASEER

Name of Person

CAESARS COMMERCIAL ENTERPRISE LLC

Firm/Company

11223 CAMPFIELD CIRCLE

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

caesarsenterprise@yahoo.com

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

For further information concerning this matter, please call:

Sarmed S. Kaseer

Name of Person

at (864)

5462780

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2010

SARMED S. KASEER
11223 CAMPFIELD CIRCLE
JACKSONVILLE, FL 32256

SUBJECT: CAESARS COMMERCIAL ENTERPRISE LLC. CO.
Ref. Number: W10000041153

We have received your document for CAESARS COMMERCIAL ENTERPRISE LLC. CO. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The LLC name must END with the suffix (LLC).,

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 710A00020896

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAESARS COMMERCIAL ENTERPRISE 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:

11223 CAMPFIELD CIRCLE

JACKSONVILLE, FL

zip code: 32256

Mailing Address:

11223 CAMPFIELD CIRCLE

JACKSONVILLE, FL

zip code: 32256

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:

Sarmed S. Kaseer

Name

11223 CAMPFIELD CIRCLE

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

JACKSONVILLE

FL 32256

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)

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TALLAHASSEE, FLORIDA

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:

MGR

SARMED KASEER

11223 CAMPFIELD CIRCLE

JACKSONVILLE, FL 32256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)



Typed or printed name of signee

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)