

L10000106347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

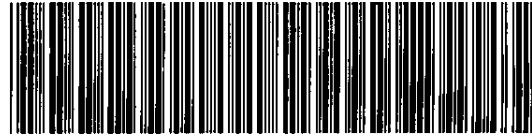
(Document Number)

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Effective Date 10/01/10

10/04/10--01003--014 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WI-46583

J. BRYAN

OCT 12 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jusman, L.L.C.

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:

Shabbir manji

Name of Person

Jusman, LLC

Firm/Company

P O BOX 951382

Address

lake mary, FL 32795

City/State and Zip Code

Manjis2@earthlink.net

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

For further information concerning this matter, please call:

Shabbir manji

Name of Person

at ( 407 ) 474-1335

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

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STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2010

SHABBIR MANJI  
JUSMAN, LLC  
PO BOX 951382  
LAKE MARY, FL 32795

SUBJECT: JUSMAN, L.L.C.  
Ref. Number: W10000046583

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10 OCT -4 PM 1:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your document for JUSMAN, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 610A00023582

Enclosed for you is a copy of the document that was returned to the Division of Corporations. The document was returned because it did not contain the required information. Please review the document and resubmit it to the Division of Corporations with the required information.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jusman, L.L.C.

(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:

P O Box 951382 2372 NORTHUMBRIA DR P O Box 951382  
Lake mary, FL 32795 SANFORD, FL 32771 Lake mary, FL 32795

### 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.)

Effective Date 10/01/10

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

Shabbir manji

Name

2372 NorthUmbria DRive

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

Sanford

FL 32771

City, State, and Zip

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SECRETARY OF STATE

*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)

**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:**

MGRM

SuhailAbbas S Jusab  
2144 NorthUmbria Drive  
Sanford, FI 32771

MGRM

Zuher Manji  
1673 PineBay Drive  
Lake Mary, FI 32746

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: 10-01-2010. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Shabbir Manji**

\_\_\_\_\_  
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)**