# L10000116541

,		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
(2002)		
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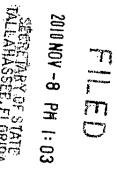
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Effective Date 1-1-20/1

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" Stringer of Still

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
<sub>suвјест:</sub> Jaa'	iz Inc.		
	Name of Limit	ted Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
RIAD M	IOHAMED		
<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>		Name of Person	
MAAUN	I PRESSURE CLE	ANING, INC.	
		Firm/Company	
6761 S\	N 13TH STREET		
		Address	Z <sub>66</sub> 29
PEMBRO	KE PINES, FLORIC	A 33023	ZOLO NOV
		ty/State and Zip Code	
INFO@M	AAUN.COM		
	E-mail address: (to be used	for future annual report notification)	To B
For further information concerning this matter, please call:		LERIDA	
RIAD MOHAM	ED	at (954 ) 559-3605	35
Nan	ne of Person	Area Code & Daytime Teleph	hone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$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 Cir Tallahassee, FL 32301	rcle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	<b>:</b>	
, , ,		
JAA'IZ LLC.		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
	6761 SW 13TH STREET PEMBROKE PINES	
	FLORIDA 33023	
The name and the Florida street address of the RIAD MOHAMED	registered agent are:	
Name		
Name  6761 SW 13TH STREET  Florida street address (P.O. Box NOT acceptable)		
Florida street ad	idress (P.O. Box NOT acceptable)	
PEMBROKE PINES	<sub>FL</sub> 33023	
City, S	tate, and Zip	
liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete p	accept service of process for the above smeed limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S	
Registered Agent's Signs	ature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
	NOV TO
	FLOR II
	<u> </u>
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	n the date of filing: 1-1-2011 (OPTIONAL)
(If an effective date is listed, the date mu to or 90 days after the date of filing.)	ist be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	T Mate
Signature of a m	ember or an authorized representative of a member

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.)

#### RIAD MOHAMED

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)