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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF, FLORID

COVER LETTER

то:	Registration Section Division of Corporations
SURJE	Zanboor
	Name of Limited Liability Company
The en	losed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Kelly Lisa Liggan Hamidi
	Name of Person
	Firm/Company
	6241 Indian Meadow St
	Address
(Orlando, FL 32819
	City/State and Zip Code
_	diggan1@aol.com
	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
Kelly	Lisa Liggan Hamidi _{at (} 407 ₎ 493-0377
	Name of Person Area Code & Daytime Telephone Number
Enclos	d is a check for the following amount:
\$125.00	Filing Fee \$\int \\$130.00\$ Filing Fee & \$\int \\$155.00\$ Filing Fee & \$\int \\$160.00\$ Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Zanboor, LLC.		
	Liability Company, "L.L.C.," or "LLC.")	<u></u>
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
6241 Indian Meadow St Orlando, FL 32819	6241 Indian Meadow St Orlando, FL 32819	
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the server and the se	Registered Agent. You must designate an indiv	ridual or another
Sasan Hamidi	·	AGE NOW
6241 Indian Me	ame eadow St	IO NOV 10 F
	et address (P.O. Box NOT acceptable)	E P II
Orlando	_{FL} 32819	M 3: 32 F STATE FLORID,
City	y, State, and Zip	2
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	l in this certificate, I hereby accept th acity. I further agree to comply with te performance of my duties, and I ar	he appointment as h the provisions of all m familiar with and

(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 "MGRM" = Managing Member	Name and Address:
MGR	Kelly Lisa Liggan Hamidi

(Use attachment if necessary)	
	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	z_Homidi

(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.)

Kelly Lisa Liggan Hamidi

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)

November 7, 2010

Kelly Liggan Hamidi 6241 Indian Meadow St. Orlando FL 32819 (407) 493-0377

Registration Section Division of Corporations P.O Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the Articles of Organization for Zanboor, LLC. and a check for \$160.00 for the Filing Fee, Certificate of Status and Certified Copy.

If you have any questions please do not hesitate to contact me.

Sincerely

Kelly Liggan Hamidi