11000008753

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		_

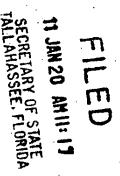
Office Use Only



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Effective Date 02/01/11

01/20/11--01010--029 **130.00



J. BRYAN

JAN 21 2011

EXAMINER

COVER LETTER

L TO:

TO: Registration Division of	on Section Corporations		
_{SUBJECT:} Ame	eri-Pak Internation	al LLC.	
	Name of Limit	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	ESE 3
Please return all corr	respondence concerning this mat	ter to the following:	題見
	Irshad Elahi	<u> </u>	SECRETARY SECRETARY
		Name of Person	F. 7. 5
	Ameri-Pak Inte	ernational LLC.	OR THE
		Firm/Company	77
	10785 SW 107	th Ave #203	
		Address	
	Miami, Florida	33176	
***************************************	Cit	ty/State and Zip Code	
	joielahi@gmail.com	m for future annual report notification)	
For further informati	on concerning this matter, pleas	•	
Irshad El	ahi	305 332-6277	
	me of Person	at (Area Code & Daytime Telephone Nu	mber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	00 Filing Fee, icate of Status & ied Copy onal 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ameri-Pak International 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:
10785 SW 107th Ave	10785 SW 107th Ave
#203	# 203
Miami, Florida 33176	Miami, Florida 33176
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are: Effective Date 02/0///
The name and the Florida street address of the	ne registered agent are:
Brenda Vitucci	·
Na	ame
4164 South Pin	ne Island Road
Florida street	t address (P.O. Box <u>NOT</u> acceptable)
Davie	_{FL} 33328
City	y, 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)

s follows:
3
1 . (OPTION e than five business da
e of a member.
e of a member. ution of this document octs stated herein are true. the Department of State

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