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	Fax Number	7	(850)	617-	-6383
From:					
	Account Name	e :)	LOUIS	N -	SCHOI

Account Name : LOUIS N. SCHOLNIK, P.A. Account Number : I20010000132 Phone : (954)771-4790 Fax Number : (954)364-4351

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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ARTICLES OF ORGANIZATION OF AGZ GROUP, LLC

ARTICLEI

The name of this limited liability company shall be AGZ GROUP, LLC.

ARTICLE II

The period of duration shall be perpetual.

ARTICLE III

This limited liability company is organized for the purpose of conducting activity permitted under the laws of the State of Florida.

ARTICLE IV

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be 16430 Tudor Grove Drive, Orlando, FL 32828. The initial registered agent shall be Ziad O. El Aryan, located at 16430 Tudor Grove Drive, Orlando, FL 32828.

ARTICLE V

This limited liability company has at least three (3) members. The right, if given, of the member(s) to admit additional members and the terms and conditions of the admissions shall be as provided in the Regulations of the limited liability company.

ARTICLE VI

This limited liability company shall be managed and operated by the member(s) of the limited liability company as the manager(s) thereof. The members of the limited liability company are: Zlad O. El Aryan, Alman Aryan and Farouk Kaloti.

IN WITNESS WHEREOF, the undersigned members have executed these

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Articles of Organization on the gan day of Jesou my 2011.

Ziad O. El Arvan 4ember/Manager

Aiman Aryan, Member/Manager

Farouk Kaloti, Member/Manager

STATE OF FLORIDA COUNTY OF _____ -}

BEFORE ME, personally appeared ZIAD O. EL ARYAN, to me well known and known to me or has produced <u>Decres license</u> as identification, to be the person described in, and who acknowledged to and before me that he executed sald ٩ 951 15 document for the purposes therein expressed. 640

Oni WITNESS my hand and official seal this 9th day of February, 2011

NOTARY PUBLIC

My Commission Expires: 87/97/2013

(NOLANER BERNALTER MOHAUL, R NOTARY PUBLIC STATE OF FLOR Comm# DD0915577 Expires 8/10/2013 STATE OF FLORIDA COUNTY OF MANT DADE

BEFORE ME, personally appeared AIMAN ARYAN, to me well known and known to me or has produced Devel 1. CENSE as identification, to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 8 day of Feb Rucky, 2011.

Muglaler NOTARY -

My Commission Expires: 22.07.2012. (Notarial Seal)



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STATE OF OHIO }

BEFORE ME, personally appeared FAROUK KALOTI, to me well known and known to me or has produced <u>Accession</u> and <u>accession</u> and <u>accession</u> and <u>accession</u> and <u>before me that he executed said document</u> for the purposes therein expressed.

WITNESS my hand and official seal this find day of Let many 2011.

My Commission Expires: (Notarial Seal)

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<u>CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE</u> <u>FOR THE SERVICE OF PROCESS WITHIN FLORIDA</u> <u>NAMING AGENT UPON WHO PROCESS MAY BE SERVED</u>

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT AGZ GROUP, LLC, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF ORLANDO, COUNTY OF ORANGE, STATE OF FLORIDA, HAS NAMED ZIAD O. EL ARYAN, LOCATED AT 16430 TUDOR GROVE DRIVE, ORLANDO, FL 32828, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE: ZIAD O. DATE:

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