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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

JUN 0 1 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT: Muirfi	ield Circle LLC					
	Name of Limite	ed Liability Co	mpany			
The enclosed Articles o	f Organization and fee(s) are	submitted for fi	iling.			
Please return all corresp	ondence concerning this matt	er to the follow	ving:			
Gabriel	Nagar					
Gabriel	ivayai	Name of Person)			
	·	Firm/Company				
444 NW	1st Ave Apt 405					
		Address				
Fort Laud	erdale, Florida 33	3301		E S	===	
1	City	y/State and Zip (Code	A	722	34.mg
gabenagai				No.	<u>~</u> ≺	Britishing
	E-mail address: (to be used f	or future annual	report notification)	SEE.		
For further information	concerning this matter, please	call:		ان برين	2	П
Gabriel Nagar		at (239	, 293-6055	∽ ≝	€ Si	(<u> </u>
	of Person		Code & Daytime Tele		à	
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified		\$160.00 Filing F Certificate of Stat Certified Copy (additional copy is er	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	tt/Courier Address stration Section sion of Corporations on Building Executive Center C hassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART		N.	0
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The name of the Limited Liability Company is:

Muirfield Circle 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:

444 NW 1st Ave Apt 405

Fort Lauderdale, Florida 33301

444 NW 1st Ave Apt 405 Fort Lauderdale, Florida 33301

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.)

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

Gabriel Nagar

444 NW 1st Ave Apt 405

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

Fort Lauderdale

FL 33301

City, 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..

(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:

MGRM	Cabriel Negar	
VIGNIVI	Gabriel Nagar 444 NW 1st Ave Apt 405	-
	Fort Lauderdale, Florida 33301	-
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(Use attachment if necessary)	ORIO A	7
LE V: Effective date, if other than the	date of filing: (OPTIC)NA
fective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five business	day

(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.)

Signature of a member or an authorized representative of a member.

Gabriel Nagar

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)