

L110000083292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

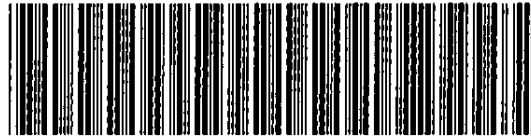
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JUL 20 2011

EXAMINER



600210106026

07/20/11--01001--024 **155.00

RECEIVED
11 JUL 19 PM 4:50
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUL 19 PM 12:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 19 PM 12:56

CONTACT: KAREN PARKER

DATE: 07/19/11

REF. #: 000466.151447

CORP. NAME: MNAYMNEH LIFE INSURANCE TRUST FBO JIHAN, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 540705 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

MNAYMNEH LIFE INSURANCE TRUST FBO JIHAN, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 19 PM 12:56

ARTICLE I. Name: The name of the Limited Liability Company is MNAYMNEH LIFE INSURANCE TRUST FBO JIHAN, LLC (the "Company").

ARTICLE II. Address: The mailing and street address of the principal office of the Company is 1450 Brickell Avenue, 31st Floor, Miami, FL 33131.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301

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 in Chapter 608, Florida Statutes.

NRAI Services, Inc.

By: Katli Woreh, Asst. Sec.

ARTICLE IV. Management: The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager are:

Sahar Elhabashi
456 West 19th Street, Apt. 2A
New York, NY 10011

19th IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this day of July, 2011.

Robert J. Robes
Robert J. Robes, Authorized Person

(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.)