L11000088987

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
AIIG -3 2011
FXAMINER

Office Use Only



500210324415

08/01/11--01046--016 **130.00

SECRETARY OF STATE

AUG -1 AM III OZ

COVER LETTER

TO:

Registration Section

Division of Co	orporations				
SUBJECT: US F	irst Properties LLC) .		•	
SUBJECT:	Name of Limited L		any		_
The enclosed Articles o	f Organization and fee(s) are subm	nitted for filing	3.		
Please return all corresp	ondence concerning this matter to	the following	7		
<u>Imran M</u>	alik			· · · · · · · · · · · · · · · · · · ·	
	Nam	ne of Person			
US First	Properties LLC.			AL	2011 SE
 	Fire	n/Company		AH	
362 NW	Sheffield Cir			ASSE	AUG - I
		Address		ຸ່ເກ	유 ≥
Port Saint	Lucie, FL 34983			FLOR	AN OF STA
	City/Sta	te and Zip Code	;	IDΑ	₩ 6
imranmalik	kmd@gmail.com E-mail address: (to be used for fu				
			on nonneation)		
For further information	concerning this matter, please call	:			
lmran Malik	at (772	237-1275		_
Name	of Person	Area Code	& Daytime Teleph	one Number	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	Certificate of Status	\$155.00 Filin Certified Copy (additional copy	py y is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy is	țatus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations building ecutive Center Cir see, FL 32301	cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	ΓICI	LE I	- N	lam	e:

The name of the Limited Liability Company is:

US First Properties 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:		
362 NW Sheffield Cir Port Saint Lucie, FL 34983	362 NW Sheffield Cir Port Saint Lucie, FL 34983		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's and was Registered Agent. You must designate an individ	-C(**)	7
The name and the Florida street address of the registered agent are:		IG-I TARY ASSEE	F
Imran Malik		FLS S	П
,,,	Name	95	

362 NW Sheffield Cir Florida street address (P.O. Box NOT acceptable)

E FL 34983 City, State, and Zip Port Saint Lucie

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)

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	Name and Address:	
"MGRM" = Managing Member		
MGRM	Imran Malik	
	362 NW Sheffield Cir	
	Port Saint Lucie, FL 34983	
MGRM	Sobia Malik	
	362 NW Sheffield Cir	
	Port Saint Lucie, Fl. 34983	
		25 26
		ZBII AUG -
		e s
		(SZ)
		THE P
		2
(Use attachment if necessary)	7	> (%)
(000 4114011110111 /1 1100022417)		
ARTICLE V: Effective date, if other than the	he date of filing: July 29th, 2011 (0	OPTIONAL)
If an effective date is listed, the date must o or 90 days after the date of filing.)	be specific and cannot be more than five bus	siness days prior
DECLIDED SIGNATUDE.		

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

(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.)

Imran Malik

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)