

L11000118301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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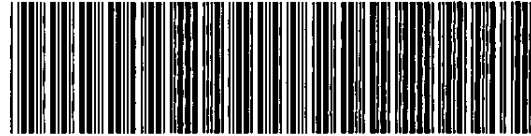
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. BRYAN

OCT 17 2011

EXAMINER

**Interstate Filing Corporation
2 Mott Street, Suite 403
New York, NY 10013**

Tel.(212)925-9406

Fax.(212)925-9405

October 10, 2011

FL Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Expedite Handling

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TALLAHASSEE, FLORIDA

IKAHO JAPANESE RESTAURANT LLC

Dear Mr./Ms.

Enclosed please find a set of Articles of organization together with a check in amount of \$155.00. (\$125.00 filing fee and \$30.00 for a certify copy of the Articles of organization).

Please use the enclosed prepaid envelope for the certify copy of the certificate of incorporation.

Should you need any additional information, please do not hesitate to contact me at 212-925-9406.

Very truly yours,


William Pun

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

IKAHO JAPANESE RESTAURANT LLC

ARTICLE II Address:

The principal Street address and mailing address of the Limited Liability Company is:

*Principal Office Address: Suite 700 of Eagle Ridge Shoppes
7965 S.R. 50
Groveland, FL 34736*

*Mailing Address: C/O Interstate Filing Corp.
2 Mott Street, Suite, 403
New York, NY 10013*

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ARTICLE III Registered Agent, Registered Office, & Signature

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

**Bi Yan Guo
Suite 700 of Eagle Ridge Shoppes
7965 S.R. 50
Groveland, FL 34736**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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

ARTICLE IV Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: MRGM (Managing Member)

Name and Address: Bi Yan Guo
Suite 700 Of Eagle Ridge Shoppes
7965 S.R. 50
Groveland, FL 34736

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TALLAHASSEE, FLORIDA

ARTICLE V Effective date: Upon Filing.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Signature:



Signature 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.8170155, F.S.)

Bi Yan Guo

Typed or printed name of signee