## L11000128470

(Re	equestor's Name)	<del></del> _
(Ad	ldress)	<del>_</del>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
·	MINEECC	25131

Office Use Only



700209835277

07/14/11--01011--005 \*\*130.00

SECRETARY OF STATE

BILNOV TO AMIL: 3

J. SAULSBERRY EXAMINER NOV 1 0 2011

## **COVER LETTER**

Division of Co	rporations KhAZA	Al Family	Group	LL	_(
. SUBJECT:	OR Enterprises	s, LLC			
. Sobsect	Name of Limited L			<del>-</del>	
The enclosed Articles o	f Organization and fee(s) are subn	nitted for filing.			
Please return all corresp	ondence concerning this matter to	the following:			
Essa	Knazal				
		ne of Person			
Khaz	aal Family, 1	10			
•	Firm	n/Company			
9452	Kell's Rag	إ	ALL.	2011	
	•	Address	AHA HA	AON	1
Jacks	20 City/Sta 20 City/Sta E-mail address: (to be used for fu	2257	ARY SSEI	0	-
	City/Sta	te and Zip Code	A FESS	AH =	[T
-Nnq	E-mail address: (to be used for fu	ture annual report notification)	T BE	3	ئىردى <sup>ا</sup> –
	concerning this matter, please call		D M:	35	
14	· 1		Or man		
Essa Kha	at (	\	-9521		
Name	of Person	Area Code & Daytime Telep	shone Number		
Enclosed is a check fo	r the following amount:				
\$125.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing I Certificate of Sta Certified Copy (additional copy is e	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Khazal Family Gra (Must end with the words "Limited Viability Compan	y LL.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Mailir	ng Address:
7365 N. Main St 736 Jacksonville, FL 32206 Jac	es N. Main St Ksonville, FL 32206
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)  The name and the Florida street address of the registered	. You must designate an individual or another
Samir Khaza Name  2811 Ridge field C  Florida street address (P.O.  Jacksonville FL  City, State, and Zi	Box NOT acceptable) 32257
Having been named as registered agent and to accept se liability company at the place designated in this certification registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered ag	icate, I hereby accept the appointment as er agree to comply with the provisions of all ce of my duties, and I am familiar with and
Registered Agent's Signature (REQL	ATRED)
	•

(CONTINUED)

anaging Member(s): lager or Managing Member is as follows:	20 TA
Name and Address:	2011 NOV 10 SECRETARY ALLAHASSE
FSSA KNUZAL 9452 KELI'S KUL Jakkson Ville FL 322	AMII: 35  E. FLORIO
Scimir K Nazal 2×11 Ridgofield Ct Jackson Ville, FL 3:22	<u> </u>
Merna Sabra 9452 Kell's Rd Jacksonville EL 322	25/7
Llyana Sabra 2811 Ridge field Ct	
he date of filing: be specific and cannot be more than five h	(OPTIONAL) ousiness days prior
ber or an authorized representative of a member	<del>.</del>
	Name and Address:  Name and Address:  FSSA KNOZAL  9452 Kell'S Kol  Jackson Ville, FL 322  Memor K Mazal  2x II Ridge field Ct  Jackson Ville, FL 322  Memor Sabra  9452 Kell'S Rol  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322  Llyan a Sabra  2x II Ridge field Ct  Jackson Ville, FL 322

(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.)

ESSCA KING 2011
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)