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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
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EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		<b>€</b>	
SUBJI	CT. A. R. Communications	LLC		
00.00		ed Liability Company		
The en	closed Articles of Organization and fee(s) are	submitted for filing.		
Please	return all correspondence concerning this mat	ter to the following:		
	Edmundo Banagale	N. CD		
		Name of Person		
	A. R. Communications LL	<u> </u>		
		Firm/Company		
	8225 Wellsmere Circle			
		Address		
, ,	Orlando, FL 32835		2011 SE TAL	
		y/State and Zip Code	20 II NOV I 4 SECRETAR)	1
	eddybanagale@yahoo.com	for future annual report notification)	A TAKE	Non-se
For fur	ther information concerning this matter, please		⊙ <b></b>	7
Edm	undo Banagale	at (407 ) 446 1413		*• ** ·3.y***
	Name of Person	Area Code & Daytime Telep	hone Number	
Enclos	ed is a check for the following amount:			
\$125.00	Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

•	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	· ····	
ARTICLE II -				
The mailing add	ress and street addr	ess of the principal office of the Limited Li	iability Company	y is:
Principal Office	e Address:	<b>Mailing Address:</b>		
8225 Wellsmere	Circle	8225 Wellsmere Circle		
Orlando, FL 328	35	Orlando, FL 32835		
		, Registered Office, & Registered Agent'		
(The Limited Liability		as its own Registered Agent. You must designate an indiv	idual or another	
(The Limited Liability business entity with	y Company cannot serve a an active Florida registrat	as its own Registered Agent. You must designate an indiv	idual or another	
(The Limited Liability business entity with	y Company cannot serve a an active Florida registrat ne Florida street add	as its own Registered Agent. You must designate an indivion.)  Iress of the registered agent are:	idual or another	ob organization
(The Limited Liability business entity with	y Company cannot serve a an active Florida registrat	as its own Registered Agent. You must designate an indivion.)  Iress of the registered agent are:	ridual or another 2011 NOV 14 SECRETARY OF TALLIAHASSEE	openia.
(The Limited Liability business entity with	y Company cannot serve a an active Florida registrat ne Florida street add Edmundo Ba	as its own Registered Agent. You must designate an indivion.)  Aress of the registered agent are:  Anagale	ridual or another 2011 NOV 14 PA	
(The Limited Liability business entity with	y Company cannot serve a an active Florida registrate Florida street add Edmundo Ba	as its own Registered Agent. You must designate an indivion.)  Aress of the registered agent are:  Inagale  Name	ridual or another 2011 NOV 14 PA	
(The Limited Liability business entity with	y Company cannot serve a an active Florida registrate Florida street add Edmundo Ba	is its own Registered Agent. You must designate an indivion.)  Iress of the registered agent are:  Inagale  Name  Smere Circle	vidual or another 2011 NOV 14 PM	

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)

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

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

<u>Title:</u>		Name and Address:	
	= Manager		
MORW	"MGRM" = Managing Member		
MGRM	<u></u>	Asif Rahman	
		11/7(1st Floor), Shahid Salimullah Road,	
		Mohammedpur, Dhaka-1207, Bangladesh	
MGRM		Edmundo Banagale	
<del></del>		8225 Wellsmere Circle	
		Orlando, FL 32835	
	<del></del>		
		**************************************	
			<del></del>
A lan atta	cohmant if nagagaams)		
(Use alla	chment if necessary)		
ARTICLE V: E	ffective date, if other than the da	te of filing: 1/1/2012	(OPTIONAL)
(If an effective d	ate is listed, the date must be s	pecific and cannot be more than five	business days prior
	er the date of filing.)		
DEOLIII	OFD CICMATUDE.		
KEQUII	RED SIGNATURE:		
	2016		. 10
	2d (2a	nagal	_ A 20
	Signature of a member o	r an authorized representative of a memb	er. Sign
		8(3), Florida Statutes, the execution of this of	
	constitutes an affirmation under the	e penalties of perjury that the facts stated her ion submitted in a document to the Departme	rein are true.
	constitutes a third degree felony as	provided for in s.817.155, F.S.)	
	Edmundo Banag	gale	
	Турес	or printed name of signee	12:00 STATE .URIDA
			>

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)