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(((HI10002701613)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Empil	Address:	
LIMML	MODIESS.	

FLORIDA LIMITED LIABILITY CO.

MAZ, LLC

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Page Count	04
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11/14/2011

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EMPIRE CORP KIT

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November 15, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: M A Z, LLC REF: W11000057756

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: H11000270161 Letter Number: 611A00025823

P.O BOX 6327 - Tallahassee, Florida 32314

H1000770161

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name: The name of the Limited Liability Company is:				
M A Z, LLC					
ARTICLE II - Address: The mailing address and street address	s of the principal office of the l	Limited Liability Company is:			
Principal Office Address:	Mailing Address:				
8390 SW 72 AVENUE STE#907	8390 SW 72 AVENU	E STE#907			
MIAMI, FL 33143	MIAMI, FL 33143				
The name and the Florida street addre	R HUSSAIN Name				
AKHTA		<u>.</u>			
2465 NW 7TH STR					
MIAMI, FL 33125	la street address (P.O. Box <u>NOT</u> acce	ppadie)			
	City, State, and Zip				
	والراج والمستراكي والمناطق والمستراك والمسترك والمستراك والمسترك والمستراك والمستراك والمستراك والمستراك والمستراك والمستراك والمستراك و	6 at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Having been named as registered agestiability company at the place design registered agent and agree to act in the statutes relating to the proper and conformation accept the obligations of my position.	nated in this certificate, I hereby is capacity. I further agree to co mplete performance of my dutie.	v accept the appointment as emply with the provisions of all s, and I am familiar with and			
liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co accept the obligations of my position. Register	nated in this certificate, I hereby is capacity. I further agree to co mplete performance of my dutie. on as registered agent as provide red Agent's Signature	v accept the appointment as emply with the provisions of all s, and I am familiar with and			
liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co accept the obligations of my position. Register	nated in this certificate, I hereby is capacity. I further agree to complete performance of my dutien in as registered agent as provide	y accept the appointment as omply with the provisions of all s, and I am familiar with and ed for in Chapter 608, F.S.			

H11000270161

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	
MGR	MURTAZA HEMANI
	8390 SW 72 AVENUE STE# 907
	MIAMI, FL 33143
MGRM .	ZAFAR HUSSAIN
	8390 SW 72 AVENUE STE# 907
	MIAMI, FL 33143
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

AKHTAR HUSSAIN, ESQ.
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)

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