## 1/20000005027

(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:
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SECRETARY OF STATE

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## **COVER LETTER**

	cion Section of Corporations
SUBJECT:	KHAN BA'ALLLC
	Name of Limited Liability Company
The enclosed Artic	eles of Organization and fee(s) are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
	Guy VandenhovE Name of Person
	Name of Person  KHAN BA 1 AL LLC.  Firm/Company
	Firm/Company
<del></del>	235 30th Street Apt. 21
	Address  Miami Beach, FL 33/40  City/state and Zip Code  avy vandenhove @ amail.com
	City/State and Zip Code
	E-mail address: (to be used for future acquired notification)
For further informa	ation concerning this matter, please call:
ROXAN	VA Mosselli at (438) 871-0517  Name of Person Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:
\$125.00 Filing Fee	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

£ :

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
KHAN BA'AL LLC (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
135 30th Street Apt. 21 Miami Beach, FL 33140	1270 du DomainE Sainte - Adele QC JBB /X2 (CANADA)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Goy Vander	hove
	ress (P.O. Box <u>NOT</u> acceptable)
Miami Beach City, Stal	y FL 33/40 c, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (REQUIRED)
(CONTINU	JED)

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
<del></del>	2012 F
	EB 20 AHASSE
(Use attachment if necessary)	
	e date of filing: (OPTIONAL
effective date is listed, the date must l	be specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must be a days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days
effective date is listed, the date must be self-self-self-self-self-self-self-self-	be specific and cannot be more than five business days  where of an authorized representative of a member.

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)