

L12000031815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

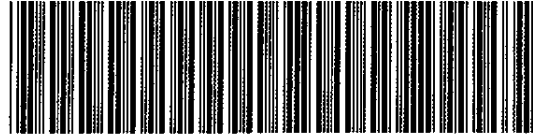
(Document Number)

Certified Copies _____

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02/27/12--01039--001 **160.00

FILE
12 MAR -5
SECRETARY OF
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2012

MOHAMMAD NAZIRUL HASAN
NAZIR HASAN PLLC
3361 NW 85TH AVE, UNIT 102
CORAL SPRINGS, FL 33065

SUBJECT: NAZIR HASAN PLLC
Ref. Number: W12000011456

We have received your document for NAZIR HASAN PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00008063

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAZIR HASAN PLLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMAD NAZIRUL HASAN

Name of Person

NAZIR HASAN PLLC

Firm/Company

3361 NW 85TH AVE, UNIT# 102

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

nhasan6464@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAZIR HASAN

Name of Person

at (**305**) **336-2520**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$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
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
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:

NAZIR HASAN PLLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Purpose: Real Estate - Realtor

ARTICLE II - Address:

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

Principal Office Address:

3361 NW 85TH AVE,
UNIT# 102,
CORAL SPRINGS, FL 33065

Mailing Address:

3361 NW 85TH AVE,
UNIT# 102
CORAL SPRINGS, FL 33065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MOHAMMAD NAZIRUL HASAN

Name

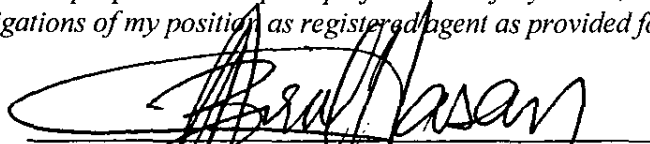
3361 NW 85TH AVE, UNIT# 102

Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS FL 33065

City, State, and Zip

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)

FILED
12 MAR -5 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

MOHAMMAD NAZIRUL HASAN

3361 NW 85TH AVE, UNIT# 102

CORAL SPRINGS, FL 33065

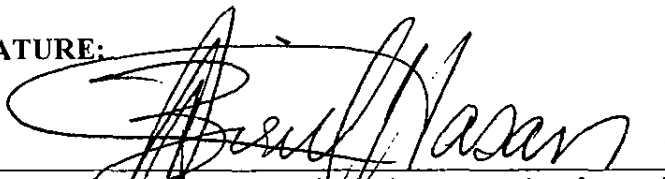
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

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. 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.)

MOHAMMAD NAZIRUL HASAN

Typed or printed name of signer

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)