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CQVER LETTER

10: Registration Section	
Division of Corporations	والمراجع المراجع
SUBJECT: Pope Tech	·
	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Surush Salehi	
	Name of Person
	Firm/Company
1312 NW 89 Terrace	
1312 INVV 09 Terrace	Address
	1 Mail 035
Pembroke Pines, FL 33024-	4639
С	ity/State and Zip Code
surushsalehi@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	se call:
Surush Salehi	at (954) 257-8502
Name of Person	Area Code & Daytime Telephone Number
	· · ·
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$\sqrt{\$160.00 Filing Fee}\$
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
,	Tullahassee El 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Pope Tech, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 1312 NW 89 Terrace 1312 NW 89 Terrace Pembroke Pines, FL 33024-4639 Pembroke Pines, FL 33024-4639 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility 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: Daniel Harring c/o Ring & Harring, PA

Name

7700 N. Kendall Drive #807

Piorida street address (P.O. Box NOT acceptable)

Miami.

_{FL} 33156

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)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber
MGRM	Surush Salehi
	1312 NW 89 Terrace
	Pembroke Pines, FL 33024-4639
MGRM	Nooshi Salehi
	1312 NW 89 terrace
	Pembroke Pines, FL 33024-4639
MGRM	Kathryn Ann Walter
	1301 NW 89 Terrace
	Pembroke Pines, FL 33024-4638
<u></u>	
/11 1 C	
(Use attachment if necessar	ry)
ICLE V. Effective date if oth	er than the date of filing: 4/12/2012 (OPTIONAL)
	ate must be specific and cannot be more than five business days prior
90 days after the date of filing	
	5 '/
REQUIRED SIGNATUR	E:

(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.)

Signature of a member or an authorized representative of a member.

Surush Salehi

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)