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D. BRUCE

APR 19 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Cor			
_{ѕивјест:} "Yahy	a Kariem LLC		
		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
<u>Yahya K</u>		N CD.	
Wahi a k		Name of Person	
<u>ranya r</u>	Kariem LLC"	Firm/Company	
7747 5	1.01	, ,	
7717 Re	ed St.	A J.J.	
		Address	2 AI
<u>Jacksonvil</u>	le, Florida 3220		
	_	y/State and Zip Code	
ykariem50	@aol.com	or future annual report notification)	
For further information co	oncerning this matter, please	•	
Yahya Kariem		at (904) 622-6421	
Name of	l'Person	Area Code & Daytime Telephone N	lumber
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0.00 Filing Fee, ificate of Status & ified Copy tional 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Yahya Kariem "LLC" (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	ska mimainal affice aftha Limited I	iahilika Camanana ia
The mailing address and street address of t	the principal office of the Limited L	lability Company is:
Principal Office Address:	Mailing Address:	
7717 Reed St. Jacksonville, Florida 32208	(same as Principal Offic	ce Address)
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		vidual or another
The name and the Florida street address of the registered agent are:		73
Yahya Kariem		
Name		(i) (i) (ii)
7717 Reed \$	St.	
Florida stre	eet address (P.O. Box NOT acceptable)	CONTROL OF
Jacksonville,	_{FL} 32208	OF C

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..

City, State, and Zip

tegistered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
"MGR"	Yahya Kariem
	7717 Reed St.
	Jacksonville, Florida 32208
	
	
(Use attachment if necessary)	
Tective date is listed, the date r	han the date of filing: (OPTION, must be specific and cannot be more than five business da
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	nan the date of filing: (OPTION nust be specific and cannot be more than five business da
LE V: Effective date, if other the fective date is listed, the date is	nan the date of filing: (OPTION nust be specific and cannot be more than five business da
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	member or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REOUIRED SIGNATURE: (In accordance with sections an affirmation of a management of a	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated hereif a se information submitted in a document to the Department of
EV: Effective date, if other the ctive date is listed, the date in the date of filing.) EOUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any false)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated hereifi are true se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)

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)