Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000120221 3)))



H120001202213ABCL

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FRANK GUTTA CPA PA

Account Number : 119990000055
Phone : (954)452-8813
Fax Number : (954)452-8359

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

Email Address: Moin _ harpon@ yahoo.com

FLORIDA LIMITED LIABILITY CO.

Anya Haroon, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. BRYAN

Electronic Filing Menu

Corporate Filing Menu

Help

MAY - 2 2012

EXAMINER

5/1/2012

https://efile.sunbiz.org/scripts/efilcovr.exe

MINE OF STATE OF STAT

Fax Audit #: 4120001202213

ARTICLES OF ORGANIZATION

OF

Anya Haroon, LLC

The undersigned, acting as organizer of Anya Haroon, LLC an Investment Company organized and created pursuant to Chapter 608, Plorida Statutes, hereby adopt the following Articles of Organization for said Florida limited liability company:

ARTICLE I.

The name of the limited liability company shall be:

Anya Haroon, LLC

ARTICLE II.

The mailing and street address of the principal office of the limited liability company is:

10480 NW 3 Place Coral Springs, PL 33071

ARTICLE III.

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

Ali Mohammed Haroon 10480 NW 3 Place Coral Springs, FL 33071

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.

Ali Mohammed Haroon, Registered Agent

Prepared by: Frank Guita & Co. CPA's PA 490 Sawgrass Corporate Parkway Suite 310 Sunrise, FL 33325 Phone: (954) 452-8813 Fax: (954) 452-8359

Fax Audit #: <u>H120001202213</u>

Fax Audit #: #120001202213

ARTICLE IV.

This limited liability company is to be managed by Two members(s) and is therefore a member-managed company. The name and address of each Managing Member is as follows:

Ali Mohammed Haroon-Managing Member 10480 NW 3 Place Coral Springs, FL 33071

Malcha Haroon- Managing Member 10480 NW 3 Place Coral Springs, FL 33071

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or perjury that the facts stated herein are true.

Ali Mohammed Haroon, Managing

Member

*Signature of Member or authorized representative of a member

Prepared by: Frank Gutta & Co. CPA's PA 490 Sawgrass Corporate Parkway Suite 310 Sunrise, FL 33325 Phone: (954) 452-8813 Fax: (954) 452-8359

Fax Audit #: H12000/20 2213

.