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SEURLIAGO OF STATE
ALLABESSEE FLORIDA

C. LEWIS

JUL -5 2012

EXAMINER

	istration Section sion of Corporations		ŕ	ugs.	•	•
SUBJECT:	CROSLIN	& SHAR.	IF INVE	STMENT	6ROUP	
		Name of Limi	ited Liability Co	mpany	•	
The enclosed	Articles of Organizati	ion and fee(s) are	submitted for f	iling		
	all correspondence co			_		
	ABDUI	- SHARI	C F			
			Name of Person	1		
<u> </u>			T: (2			
			Firm/Company	,		·
	4375 CASCAL	E RD SI	J APT 1	<u> </u>		· · · · · · · · · · · · · · · · · · ·
			Address			
	ATLANTA	, 6 A	30331			
<u></u>	CS inve	stmentarp ddress: (to be used	for future annual	report notificat	ion)	
For further in	formation concerning	this matter, pleas	se call:			
BRAND	Name of Person		at (3 o <u>5</u> Area () 124 Code & Daytime	- 0088 Telephone Nun	nber
Enclosed is	a check for the follo	wing amount:				
\$125.00 Filin	g Fee \$\frac{\forall}{\sqrt{\sq}}}}\sqrt{\sq}}}}}}}}}}}}} \eqiinti\sepsition \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \eqiinti\sepsition \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}\signt{\sqrt{\sin}}}}}}}} \eqiinti\sepsition \eqitind{\signt{\sinq}}}}}}} \e	Filing Fee & cate of Status	Certified	Filing Fee & Copy copy is enclose	Certific d) Certific	O Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	Registrat Division P.O. Box	Address tion Section of Corporations x 6327 see, FL 32314	Regis Divis Clifto 2661	et/Courier Adostration Sections Sion of Corporation Building Executive Cellarsee FL 32	ations nter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

d SHARIF 1	ÎNVESTMENT GROUP LLC	
nd with the words "Limited L	ciability Company, "L.L.C.," or "LLC.")	
ess: nd street address of the	e principal office of the Limited Liability Compan	y is:
ress:	Mailing Address:	
7169	20061 NW 13+K CT Migmiy FL 33/69	
any cannot serve as its own R e Florida registration.)	Registered Agent. You must designate an individual of anothe	FILE
BRANDON	CROSLIN	2 0
Na	ame	<u>.</u>
fel du sai et	95	 -
Florida stree	t address (P.O. Box NOT acceptable)	٥,
at the place designated agree to act in this cap he proper and complet	I in this certificate, I hereby accept the appointment a acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a	as of all and
	ess: Ind street address of the ress: LT ILI Stered Agent, Register any cannot serve as its own Fer Florida registration.) Fida street address of the IRANION Note that I AND AND STER Florida street address of the place designate and the place designate and the place designate and the proper and complete the prop	Mailing Address: Mailing Address: Mailing Address: All 1

Page 1 of 2

(CONTINUED)

ARTICLE	IV_{-}	Manager(s)	or Managing	Member(s)

FILED

The name and address of each Manager or Managing Member is as follows: 12 JUL -2 PM 12: 45

<u>Title:</u>	Name and Address:	SEURLTARY OF S T AL LAHASSEE, FL
"MGR" = Manager "MGRM" = Managing Memb	er	TALLAHASSEE, FL
MGR	ABDUL SHARIF	
	43.75 CASCADE RD ATLANTA , 6A 30.33	
MGR	BRANDON CROSL	
	181 NW 201 ST Mismi, FL 33161	
	·	
(Use attachment if necessary)		
LE V: Effective date, if other if fective date is listed, the date days after the date of filing.)	than the date of filing: TULY 1, 2013 must be specific and cannot be more tha	2 (OPTIONAL) n five business days pr
REQUIRED SIGNATURE:		

(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.

BRANDON LROSLIN
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)