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COVER LETTER

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	ation Section n of Corporations	<i>.</i>	
SUBJECT:	HajiNezhad Name of Limit	Holdings LLC,	
The enclosed Ar	ticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this matt	er to the following:	
	Toofan Hajin	ezhad Name of Person	
	HájiNezhad	Holdings, LLC,	
8	3306 W. Pocahor	Address AVENVE	
	Hair Ne Thad a hote	336/5 //State and Zip Code 101 COM or future annual report notification)	
For further infor	nation concerning this matter, please	call:	
Toodan	Haj Nezhad Name o Crerson	at (<u>813</u>) <u>516-23</u> Area Code & Daytime Telep	
Enclosed is a cl	neck for the following amount:		
\$125.00 Filing F	ee \$\int_\$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 enclose
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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:	
Hajinezhad Ho (Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the Limited Liability Company i	is:
Principal Office Address:	Mailing Address:	
8306 W. Pocahontas Ave Tampa, FL 33615	Tampa, FI 33615	
	, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.)	
8306 h	Name	
ARTICLE III - Registered Agent (The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add Too-lay 8306 M Florida	as its own Registered Agent. You must designate an individual or another tion.) Irress of the registered agent are: HailNethad Name State St	- 1

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)