

From: Amy S.

Fax: +1 (407) 298-0660

To: DIVISION OF CORPORATIONS Fax: +1 (850) 617-6383

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

EFFECTIVE DATE 10/4/2012

From:

Account Name : A.A.ALI, CPA  
Account Number : I20000000192  
Phone : (407) 298-3900  
Fax Number : (407) 298-0660

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
LINE UPON LINE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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10/5/2012

850-817-6381



EFFECTIVE DATE 10/4/2012

October 8, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LINE UPON LINE, LLC  
P.O. BOX 555602  
ORLANDO, FL 32855-5682

SUBJECT: LINE UPON LINE, LLC  
REF: W12000051399

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

In Article II, the P.O. Box address is fine for the mailing address, but you must also list a STREET ADDRESS OF THE PRINCIPAL OFFICE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

FAX Aud. #: H12000243650  
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TALLAHASSEE, FLORIDA

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EFFECTIVE DATE 10/4/2012

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LINE UPON LINE, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

**PRINCIPAL OFFICE ADDRESS:**

**1713 MERCY DR. #204  
ORLANDO, FL 32808**

**MAILING ADDRESS:**

**PO BOX 555602  
ORLANDO, FL 32855-5602**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability 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:

**IKHLAS SULUKI  
1713 MERCY DR. #204  
ORLANDO, FL 32808**

*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..*



**IKHLAS SULUKI /Registered Agent's Signature**

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

**IKHLAS SULUKI – MGRM**

**1713 MERCY DR. #204**

**ORLANDO, FL 32808**

**YUSUF SULUKI – MGR**

**184 ROCKWAY AVE. # 3**

**BROOKLYN, NY 11232**

**ZAKIYYAH SULUKI – MGR**

**7226 JONGUIL DRIVE**

**ORLANDO, FL 32818**

**CELIA SULUKI – MGR**

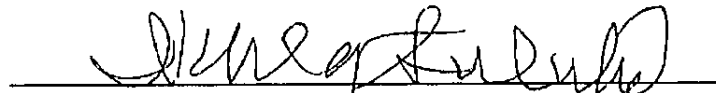
**3116 CANMORE PLACE**

**TALLAHASSEE, FL 32303**

**ARTICLE V: Effective date, if other than the date of filing: 10/4/2012**

(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.)

**IKHLAS SULUKI**

\_\_\_\_\_  
Typed or printed name of signee

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