

1/29/13

Division of Corporations

Florida Department of State  
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.**

(((H13000021851 3)))



H130000218513ABCV

**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 : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JAN 29 AM 8:30

FILED

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

Email Address: Frank@warsawoven2.com

RECEIVED

13 JAN 29 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Shamiram II LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

J. SAULSBERRY  
EXAMINER

JAN 30 2013

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H13000021851

ARTICLE I - Name

The name of the Limited Liability Company is: **Shamiram II LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

1876 Eagle Trace Boulevard

1876 Eagle Trace Boulevard

Palm Harbor, FL 34685

Palm Harbor, FL 34685

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

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

Abdul Adamo

Name

1876 Eagle Trace Boulevard

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Palm Harbor, FL 34685

(City / State / Zip)

*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 - Abdul Adamo

RECEIVED BY STATE  
TREASURER  
TALLAHASSEE, FLORIDA

2013 JAN 29 AM 8:30

FILED

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

H13000021851

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM Abdul Adamo - 1876 Eagle Trace Blvd., Palm Harbor, FL 34685

MGRM Rosa Adamo - 1876 Eagle Trace Blvd., Palm Harbor, FL 34685

MGRM Amara Koumi - 181 Montross Avenue, Rutherford, NJ 07070

(Use attachment if necessary)

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature of a member or 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. )

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

RECEIVED  
TAMPA  
JAN 29 2013

2013 JAN 29 AM 8:30

FILED