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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: K. Tehrani LLc Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KhadiJeh Tehrani Name of Person
Firm/Company
3603 cagney Dr.
TAllahablee, FL 32309
TAllahablee, FL 32309 Fafatehrani Egmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FaFa Tehrani at (850) 694-0992 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$\text{Certified Copy} \\ (additi
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
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:

K. Tehrani LLC

(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "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:	
3603 Cogney N	•	
TAILA, EL 32309		
	- - 1 6 3	
	istered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another Control of the control of	
The name and the Florida street address of KhadiJe	h Tehrani	
3603	cogner Dr.	
Tallahass	reet address (P.O. Box <u>NOT</u> acceptable) See FL 32367 City, State, and Zip	
liability company at the place designat	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM Managing Member	Khadi Jeh Tehrani 3603 Cagney Dr.
· ·	TANA, FL 3230 TER
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date mut o or 90 days after the date of filing.)	ne date of filing: (OPTIONAL set be specific and cannot be more than five business
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 constitutes a third degree felony as provided for in \$.817.155, F.S.)

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)