L13000130451

(Re	questor's Name)	
(Address)		
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies		
Special Instructions to Filing Officer:		
·		

Office Use Only



100251258071

09/13/13--01011--011 **130.00

2013 SEP 13 PN 12: 44
SECRETARY OF STATE
TALL ALLASSEE FLORING

COVER LETTER

			· ·
TO: Registration Sect Division of Corpo	ion orations		
SUBJECT: Ern	Name of Limit	al meat 2 Production of the Liability Company	ocessing
	Tunio of Billio	ou aluomy company	•
The enclosed Articles of O	rganization and fee(s) are s	submitted for filing.	
Please return all correspond	dence concerning this matt	er to the following:	
Ergasl	· Aripou	/	
0	1	Name of Person	
		Firm/Company	
7610 (Imni Lan	e apt 302	
		Addross	
Fort n	Nyers !	y/State and Zip Code a mail. con for fully e annual report notification)	5
0 F1 50 0) (25001	y state and zip code	Λ
arribov.	E-mail address: (to be used to	for future annual report notification)	1
For further information con	-		
Ergash Ar	ipov	at (347) 631-1 Area Code & Daytime Telep	0040
Name of F	'erson	Area Code & Daytime Telep	hone Number
Enclosed is a check for t	he following amount:		
⊒\$125.00 Filing Fee 🛛 🛣	\$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 enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Er Max Halal meat & Pro				
(Must end with the words "Limited Liability	y Company, " 10 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:			
15049 Drawdy Rd, Alva Florida 33928	7610 Omni Lane apt 302 Fort Myers, FL 35905			
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: Ergash Aripov Name Florida street address (P.O. Box NOT acceptable) Fort Myers FL 33905 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)				
Registered Agent's Signatu	re (REQUIRED)			

(CONTINUED)

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 GR M	Ergash Aripor		
		7618 Omni Lance apt 302 Fortmyers, FL 33905		
		<u> </u>		
	(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:	SP II		
Signature of a member or an authorized representative of a member.				
Signature of a member of 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 s.817.155, F.S.)				
Evacua Aripov Typed or printed name of signee				
	△ 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)