

L13000148871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

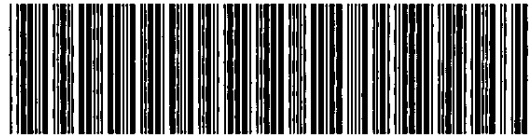
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/13--01024--021 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 17 PM 6:41

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OCT 22 2013

D. BRUCE

W13-58007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2013

WAQAR A. KHAN
561 SUGARFOOT ST.
CASTLE PINES, CO 80108

SUBJECT: PARRAMORE REAL ESTATE, LLC
Ref. Number: W13000058007

We have received your document for PARRAMORE REAL ESTATE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 113A00024425

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TALLAHASSEE, FLORIDA

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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PARRAMORE REALESTATE, 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:

WAQAR A. KHAN

Name of Person

Firm/Company

561 SUGARFOOT ST.

Address

CASTLE PINES, CO 80108

City/State and Zip Code

bridge105@mail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAQAR KHAN

Name of Person

303 589-1760

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARRAMORE REALESTATE, LLC

(Must end with the words "Limited 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:

561 SUGARFOOT ST

CASTLE PINES, CO 80108

Mailing Address:

561 SUGARFOOT ST

CASTLE PINES, CO 80108

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:

FAISAL SHEIKH

Name

2419 PEWTER CT

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO, FL 32837

City, State, and Zip

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CLERK OF STATE
TALLAHASSEE FLORIDA

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.

Faisal

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:

Title:

"MGR" = Manager

"MGRM" – Managing Member

Name and Address:

MGRM

WAQAR A. KHAN

581 SUGARFOOT ST

CASTLE PINES, CO 80108

MGRM

SHAZIA KHAN

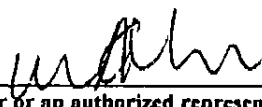
581 SUGARFOOT ST

CASTLE PINES, CO 80108

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/10/13 (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 constitutes a third degree felony as provided for in s.817.155, F.S.)

WAQAR A. KHAN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)