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EFFECTIVE DATE 01-01-14

TALLAHASSEE, FLORIDY

B. BOSTICK

DEC 1 0 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIDAL, 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:

ISMAIL SALLAM

Name of Person

PROPERTAL, LLC

Firm/Company

2650 LAKE SHORE DR, UNIT1804

Address

RIVIERA BEACH, FL 33404

City/State and Zip Code

sallamia@hotmail.com

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

For further information concerning this matter, please call:

Ismail sallam

412

687 0308

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

□\$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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
AIDAL, LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
2650 LAKE SHORE DRIVE	307 S DITHRIDGE ST	
UNIT 1804	APT 503	
RIVIERA BEACH, FL 33404	PITTSBURGH, PA 15213	
The name and the Florida street address ISMAIL SALLAM	Name	ZOIS DEC-
2650 LAKE SHORE DR		Ġ
Florida	street address (P.O. Box NOT acceptable)	Ţ
RIVIERA BE	ACH _{FL} 33404	
	City, State, and Zip	5 5 9 9
registered agent and agree to act in th all statutes relating to the proper and	t and to accept service of process for the nated in this certificate, I hereby accept ais capacity. I further agree to comply a complete performance of my duties, and ion as registered agent as provided for	t the appointment as with the provisions of nd I am familiar with
Registered Ager	Sellan nt's Signature (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 "MGRM" = Managing !	Name and Address: Member			
MGRM	Ismail Sallam			
	2650 Lake Shore Dr, Unit 1804			
	Riviera Beach, FL 33404			
MGRM	Hesham Sallam			
	2650 Lake Shore Dr, Unit 1804			
	Riviera Beach, FL 33404			
MGRM	Karim Sallam			
	2650 Lake Shore Dr, Unit 1804			
	Riviera Beach, FL 33404			
Mgrm	Tamer Sallam			
	2650 Lake Shore Dr, Unit 1804	2650 Lake Shore Dr, Unit 1804		
	Riviera Beach, FL 33404			
MGRM	Wafia SALLAM			
11101111	2650 Lake Shore Dr, Unit 1804			
	Riviera Beach, FL 33404			
REQUIRED SIGNAT	URE:	20 : UEU - 6		
	الله الله الله الله الله الله الله الله			

(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

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

ISMAIL SALLAM

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)