

L14000005336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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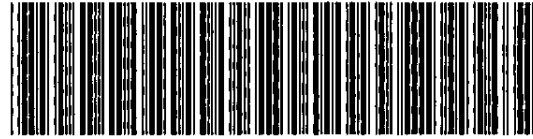
(Business Entity Name)

(Document Number)

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2014 JAN -6 PM12:31  
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CLERK OF STATE  
TALLAHASSEE FLORIDA

JAN 10 2014

B. BRUCE

**By First Class Mail**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

January 2, 2014

**Re: Articles of Organization**  
**VARAZI ENTERPRISES LLC**

Dear Sir/Madam:

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Name: Giorgi Varazi  
Address: 1902 Bermuda Circle, Apt. A4  
Coconut Creek, FL 33066

For further information concerning this matter, please call:

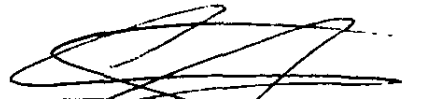
Giorgi Varazi at (954) 330-9179

Enclosed, please find a check for the \$125 Filing Fee.

Thank you for your prompt attention to this matter. Please feel free to contact the undersigned with any questions or concerns.

Very truly yours,

By:

  
Aaron Shapiro

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TALLAHASSEE FLORIDA

Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: VARAZI ENTERPRISES LLC

ARTICLE II - Address:

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

**Principal Office Address:**

1902 Bermuda Circle, Apt. A4  
Coconut Creek, FL 33066

**Mailing Address:**

1902 Bermuda Circle, Apt. A4  
Coconut Creek, FL 33066


ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Name: Giorgi Varazi

Address: 1902 Bermuda Circle, Apt. A4  
Coconut Creek, FL 33066

*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 605, F.S..*

  
Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV-** The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized member

"MGR" = Manager

**Name and Address:**

AMBR

Giorgi Varazi

1902 Bermuda Circle, Apt. A4

Coconut Creek, FL 33066

AMBR

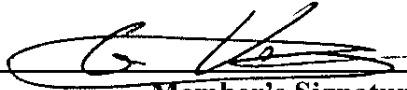
Marina Hirschhorn

1902 Bermuda Circle, Apt. A4

Coconut Creek, FL 33066

**ARTICLE V** – Effective Date, is the date of filing.

**SIGNATURE:**



**Member's Signature**

(In accordance with section 605.0203 (1) (b), 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.)

Giorgi Varazi

Typed Name of Signee

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