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Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: **Registration Section Division of Corporations** INTERNATIONAL 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: SAUL DAHAN Name of Person Firm/Company 4101 PINE TREE DR APT 1104 Address MIAMI BEACH FL 33140 City/State and Zip Code SAUL.DAHAN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

	Advet and with the words	"Limited Liability Company, "L.L.C.,"	on "I I C ")	-
	(Must end with the words	Limited Diability Company, L.L.C.,	or LLC.	
ARTICLE II - Ad				
The mailing addres	is and street address of the pr	rincipal office of the Limited Liability Co	ompany is:	
Principal Office A	<u> ddress:</u>	Mailing Address:		
4101 PINE TREE DR AI	PT 1104	SAME		
MIAMI BEACH FL 3314	)			-
				-
		d Office, & Registered Agent's Signature its own Registered Agent. You must death		idual an
	ntity with an active Florida re		-	
TEL 1.1			57 C	1 mm
The name and the	Florida street address of the r	registered agent are:		
	SAUL DAHAN			r.s
		Name	<u></u>	1 °-
	4101 PINE TREE DR APT 110	04	• •	æ.
	Florida street address (	(P.O. Box NOT acceptable)	: "	r.
	MIAMI BEACH	FL 33140		05
	City	Zip	·	
	MIAMI BEAUH  City  ed as registered agent and to nated in this certificate, I here	FL 33140	agent and agree i	S: lity compa to act in th

Page 1 of 2

<u> Fitle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
AMBR	SAUL DAHAN	
	4101 PINE TREE DR APT 1104	
	MIAMI BEACH FL 33140	
AMBR	SARA FURMAN	
CUMPA	4101 PINE TREE DR APT 1104	
	MIAMI BEACH FL 33140	
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