114000016070

(Re	questor's Name)	
(Àd	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900255279549

01/21/14--01006--017 **130.00

Effective Date 215/14

SECRETARY OF STAIL DIVISION OF CORPORATIONS



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
:	DAVID C HASSAN Name of Person
	Name of Person
	Firm/Company
	108 PEBBLE ShorES DRIVE UNIT 101 Address
	NAPIZS Florida 34110 City/State and Zip Code
	NAPLES Florida 34/10 City/State and Zip Code Massanpas beater MANAGEMENT @ gmail. Cam E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
DAJ	Name of Person at (617), 529 - 8009 Name of Person Area Code Daytime Telephone Number
-	ed is a check for the following amount: 0 Filing Fee \$\begin{array}{c} \$130.00 \text{ Filing Fee & Certificate of Status} \end{array} \$\$155.00 \text{ Filing Fee & Certificate of Status} \end{array} \$\$Certified Copy (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

Effective Date 21514

. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ASSAN PROPERTIES LLC
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address	ress: and street address of the principal office of the Limited Liability Company is:
Principal Office Ad	dress: Mailing Address:
108 PEBBLE NAPIS FI	Shores Drive Up, +101 108 PEBBLE Shores Dr. Unit 10. 1. 34110 Naples Fl. 34110
(The Limited Liability another business ent	tistered Agent, Registered Office, & Registered Agent's Signature: by Company cannot serve as its own Registered Agent. You must designate an individual or ity with an active Florida registration.) orida street address of the registered agent are:
	David C. HASSAN
	DAVID C. HASSAN Name
	at a the street Day Dort in
	108 Proble Shores DR. UNIT 101 Florida street address (P.O. Box NOT acceptable)
	Florida street address (P.O. Box NOT acceptable) $\frac{N\rho(z)}{\text{City}} = \frac{341/0}{\text{City}}$

Registered Agent's Signature (REQUIRED)

Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Mallager	David C. HASSAN
	DAVID C. HASSAN 108 PEBBLE Shore Dr. UNIT
	NAP135 Fl. 34110
AMBR	Kath 1550 A Hasson
	KATH IZEN A. HASSAN 108 PEBBLE ShonES DR UI
	NAPIES F1. 34/10
	V
	
	
(Use attachment if necessary)	
ective date is listed, the date must be spo of filing.)	of filing: $\frac{\# o2/o5/2019}{0.00000000000000000000000000000000000$
ective date is listed, the date must be spo	of filing: # 02/05/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be spo of filing.)	of filing: # 02/05/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be spo of filing.)	of filing: # 02/05/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be spo of filing.)	of filing: # 02/05/2019 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be spo of filing.)	ecific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be spoof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
extive date is listed, the date must be spoof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: # 02/05/2019 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da C. Hay and cannot be more than five business days prior to or 90 days ember or an authorized representative of a member,
REQUIRED SIGNATURE: Signature of a me (In accordance with section of	ecific and cannot be more than five business days prior to or 90 d
REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation under the section of constitutes and affirmation under	ecific and cannot be more than five business days prior to or 90 d
REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation under the section of the sec	ecific and cannot be more than five business days prior to or 90 da Line and cannot be more than five business days prior to or 90 da more or an authorized representative of a member, 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a me (In accordance with section of a management of a manag	ecific and cannot be more than five business days prior to or 90 days may be a member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
REQUIRED SIGNATURE: Signature of a me (In accordance with section of a management of a manag	ecific and cannot be more than five business days prior to or 90 days prior to or 90 days prior or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a me (In accordance with section of a management of a manag	ecific and cannot be more than five business days prior to or 90 days prior or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document not the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State ellony as provided for in s.817.155, F.S.) 1
REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation up I am aware that any false in constitutes a third degree fe	ecific and cannot be more than five business days prior to or 90 days prior to or 90 days prior to or 90 days prior or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document not the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State ellony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation of the constitutes at third degree fee and the constitutes at third degree fee and the constitutes of Organical States of Organi	ecific and cannot be more than five business days prior to or 90 days provided representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document not the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State story as provided for in s.817.155, F.S.) 1
REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation of I am aware that any false in constitutes a third degree fer a section of the constitutes and the constitutes at the const	ecific and cannot be more than five business days prior to or 90 days prior to or 90 days prior to or 90 days prior or an authorized representative of a member, 605.0203 (1) (b), Florida Statutes, the execution of this document note the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees; ganization and Designation of Registered Agent
REQUIRED SIGNATURE: Signature of a me (In accordance with section or constitutes an affirmation or I am aware that any false in constitutes a third degree fe	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent

Page 2 of 2

SECRETARY OF STATEMS
SECRETARY OF CORPURATIONS
DIVISION OF CORPURATIONS
14. JAN 21 PM 3: 57