

L140000144813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

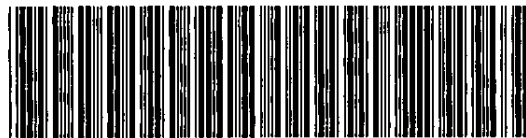
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/12/14--01014--005 \*\*130.00

FILED  
14 MAR 18 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32305

M. MILLIGAN  
EXAMINER

MAR 18 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2014

ABDUL RAHIMI  
8901 MATHIS AVE  
MANASSAS, VA 20110

SUBJECT: RAHIMI PLAZA LLC  
Ref. Number: W14000016318

We have received your document for RAHIMI PLAZA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 12, 2014. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 614A00005518

RAHIMI PLAZA LLC  
7060 103<sup>RD</sup> DR  
JACKSONVILLE, FL 32210

March 11, 2014

Registration Section  
Division of Corporations

RE: Rahimi Plaza LLC

Attached are the form to file for Articles of Organization for Rahimi Plaza LLC

If you are unable to reach Mr. Rahimi at 571-331-5999 you can contact me at 918-693-9923

For any questions your have

Thank you,

A handwritten signature in black ink, appearing to be 'DC' with a flourish.

Debbie Croslin  
Comptroller

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RAHIMI PLAZA 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:

ABDUL RAHIMI

Name of Person

RAHIMI PLAZA

Firm/Company

8901 MATHIS AVE

Address

MANASSAS, VA 20110

City/State and Zip Code

RAHIMI@YAHOO.COM

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

For further information concerning this matter, please call:

ABDUL RAHIMI

Name of Person

at ( 571 ) 331-5999

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Company is:

RAHIMI PLAZA 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:**

7060 103rd Dr.  
Jacksonville, FL 32210

**Mailing Address:**

8901 Mathis Ave.  
Manassas, VA 20110

**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.)

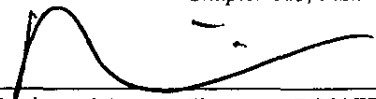
The name and the Florida street address of the registered agent are:

Abdul L. Rahimi  
Name

7060 103RD DR  
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32210  
City Zip

*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 (REQUIRED)

(CONTINUED)

FILED  
14 MAR 10 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

ABDUL Q RAHIMI

16443 KRAMER ESTATE DR

WOODBIDGE, VA 22191

AMBR

ABDUL L RAHIMI

8402 MOSSY PINE WAY

GAINESVILLE, VA 20155

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

(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.)

ABDUL L RAHIMI

Typed or printed name of signer

**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)**