

L140000649788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

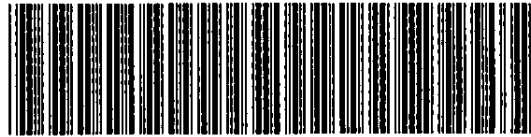
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: M & M Pirzada, 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:

Eric J. Wittenberg

Name of Person

WITTENBERG LAW GROUP

Firm/Company

6895 East Main Street

Address

Reynoldsburg, OH 43068

City/State and Zip Code

pirzadm1@gmail.com

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

For further information concerning this matter, please call:

Eric J. Wittenberg

Name of Person

at ( 614 ) 834-9850

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



Eric J. Wittenberg, Esq.  
Jennifer L. Routte, Esq.  
Christopher Alley, Esq.

6895 East Main Street  
Reynoldsburg, OH 43068

P: 614.834.9650  
F: 614.328.0576

[www.wittenberglawgroup.com](http://www.wittenberglawgroup.com)

March 18, 2014

Registration Services  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

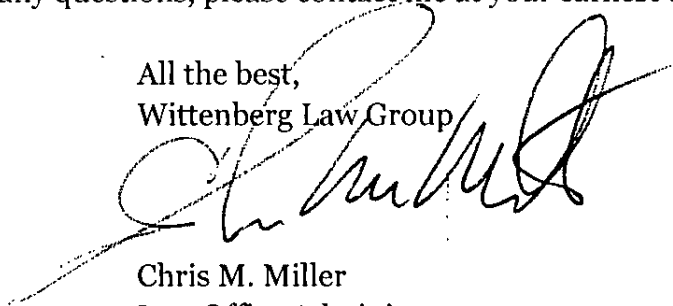
Re: *M & M Pirzada, LLC*  
*Articles of Organization*

Dear Secretary,

Please find enclosed the application for Articles of Organization to form a Limited Liability Company in the State of Florida and a check made payable to the Florida Department of State in the amount of \$125.00. Please process this application if well received, and return all proceeding documentation back to this office

Should you have any questions, please contact me at your earliest convenience.

All the best,  
Wittenberg Law Group

  
Chris M. Miller  
Law Office Administrator

CMM/me  
Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M & M Pirzada, 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:

Mailing Address:

20213 Larino Loop  
Estero, FL 33928

20213 Larino Loop  
Estero, FL 33928

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:

Musood Pirzada

Name

20213 Larino Loop

Florida street address (P.O. Box NOT acceptable)

Estero

City

FL 33928

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.*

Musood Pirzada

Registered Agent's Signature (REQUIRED)

(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

MGR

**Name and Address:**

Musood Pirzada

20213 Larino Loop

Estero, FL 33928

AMBR

Michelle Pirzada

20213 Larino Loop

Estero, FL 33928

(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:**

Musood Pirzada

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.)

MUSOOD PIRZADA

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)

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