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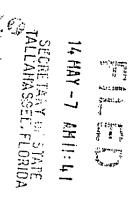
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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J. Shivers MAY 1 3 2014

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Mehran Karimnia LLC• Name of Lim	nited Liability Company	
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
. <u>N</u>	lehran Karimnia	Name of Person	
<u>M</u>	lehran Karimnia LLC.	Firm/Company	
7	366 Bnarbay Loop	Address	
<u>L</u> i	akeland, FL 33810	ity/State and Zip Code	
_mehran(007@hotmail.com E-mail address: (to be used	for future annual report notifica	ation)
For further in	formation concerning this matter, plea	se call:	
Mehran Kari	mnia at (_3 Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a	check for the following amount:		
☑ \$125.00 Filin	g Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 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:	
Mehran Karimnia LLC. (Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7366 Briarbay Loop Lakeland, FL 33810	7366 Briarbay Loop Lakeland, Ft. 33810
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must designate an individual or
The name and the Florida street address of the regis	istered agent are:
Mehran Karimnia	Name
7366 Briarbay Loop	
Florida street address (P.C	O. Box NOT acceptable)
Lakeland	FL 33810
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the provious of my duties, and I am familiar with and accept t	cept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this isions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S.
Registered Agent's	Signature (REQUIRED)
(CON	TINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Mehran Karimnia
	7366 Briarbay Loop
	Lakeland, FL 33810
EV: Effective date, if other than the date of ctive date is listed, the date must be spe	of filing: <u>05/05/2014</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the date of ctive date is listed, the date must be sperf filling.)	
ective date is listed, the date must be spe of filing.) E VI: Other provisions, if any.	
EV: Effective date, if other than the date of ctive date is listed, the date must be spe f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date of ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ctive date is listed, the date must be spet filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true
EV: Effective date, if other than the date of ctive date is listed, the date must be spend filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 605 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true that the state in a document to the Department of State.