

L14 0 00104832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

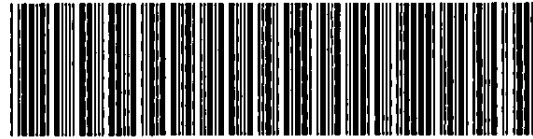
(Business Entity Name)

(Document Number)

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

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14 JUL -1 PM 12:46  
FALLAVER, C. LORRA  
CJ

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FOUR PILLARS INVESTMENT GROUP**  
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:

Anwar Askar  
Name of Person

FOUR PILLARS INVESTMENT GROUP LLC  
Firm/Company

P O BOX 4658  
Address

TAMPA FL 33677  
City/State and Zip Code

anwaraskar@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWAR ASKAR at ( 813 ) 263-4790  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                                    |                                                                                                   |                                                                                                                             |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

FOUR PILLARS INVESTMENT GROUP 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:**

110-112 SOUTH WILLOW AVE  
TAMPA FL 33606

**Mailing Address:**

PO BOX 4658  
TAMPA FL 33677

**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:

ANWAR ASKAR

Name

8327 ARCHWOOD CIRCLE

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

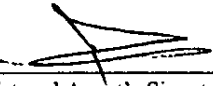
TAMPA

City

FL 33615

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 JUL -1 PM 12:16  
TAMPA, 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

PRESIDENT

**Name and Address:**

ANWAR ASKAR  
8327 ARCHWOOD CIRCLE  
TAMPA FL 33515

VICE PRESIDENT

ADREAN SMERTCOV  
824 S. DAVIS BLVD  
TAMPA FL 33606

TREASURER

JAMES MICHAEL SMITH  
609 SOUTH WILLOW AVE  
TAMPA FL 33606

SECRETARY

ISSA SALLOUM  
8316 ARCHWOOD CIRCLE  
TAMPA FL 33615

(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.)

Issa Salloom

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)**

14 JUL - 1 PM 12:46  
RECEIVED  
FILING  
CLERK  
STATE OF FLORIDA