

From: Wilfred Sanders Fax: (407) 298-0660 To: FL Div of Corp AZRM Fax: (850) 617-6381 Page 2 of 4 07/08/2014 11:07 Page 1 of 2

**L14000109194**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : A.A.ALI, CPA  
Account Number : I20000000192  
Phone : (407) 298-3900  
Fax Number : (407) 298-0660

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**FLORIDA LIMITED LIABILITY CO.  
RMA ENTERPRISES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

JUL 10 2014

S. YOUNG

From: Wilfred Sanders Fax: (850) 298-0630 7/9/2 To: IFI, Div of Corp AZRM IFax: +1 (850) 817-6391 Page 1 of 4 507/08/2014 11:07

L14000109194



July 9, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.A.ALI, CPA

SUBJECT: RMA ENTERPRISES LLC  
REF: W14000042141

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We have received your document for RMA ENTERPRISES 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Shelia H Young  
Regulatory Specialist II

FAX Aud. #: H14000163113  
Letter Number: 614A00014721

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JUL 10 2014  
S. YOUNG

From: Wilfred Sanders Fax: +1 (407) 298-0680 ((H14000163113 3))) Te: FL Div of Corp AZRM E Fax: +1 (850) 817-8381 Page 3 of 4 07/09/2014 11:07

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**AZRM ENTERPRISES, LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

**PHYSICAL ADDRESS**

**439 Regal Down Circle  
Winter Garden, FL 34737**

**MAILING ADDRESS**

**439 Regal Down Circle  
Winter Garden, FL 34737**

**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:

**BERNARD HARPAL  
439 REGAL DOWN CIRCLE  
WINTER GARDEN, FL 34737**

*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.*



**BERNARD HARPAL/ Registered Agent's Signature**

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TALLAHASSEE, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

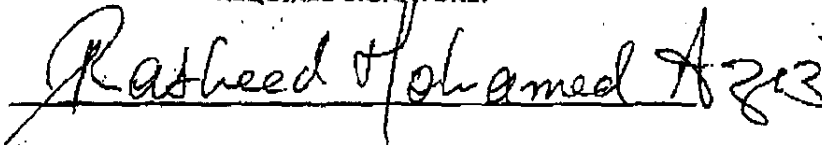
"MGR" = Manager  
"MGRM" = Managing Member

**RASHEED MOHAMED AZIZ - MGRM  
439 REGAL DOWN CIRCLE  
WINTER GARDEN, FL 34787**

**ARTICLE V: Effective date, if other than the date of filing:**

(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.)

**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. )

**RASHEED MOHAMED AZIZ**

Typed or printed name of signee

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