

L14000136434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

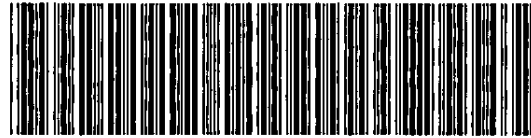
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263491581

08/25/14--01028--015 **160.00

FILED
2014 AUG 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 2 2014

T CLINE

August 17, 2014

To: Florida Department of State Registration Section Division of Corporations

From: Fatimeh Ismail Barrie

Subject: Florida Limited Liability Form, Articles of Organization and Designation of Registered Agent

Dear Florida Department of State Registration Section Division of Corporations,

Enclosed is the articles of organization for American Tax Firm and a check in total of \$160.00 for the filing fee, designation of registered agent, certified copy, and certificate of status.

Contact Information:

Home Address: 4403 Urbana Drive
Apt. 302
Orlando, FL 32837

Cell Phone: 727-482-7480
Email: Fshamsed@gmail.com

Thank you,


Fatimeh Ismail Barrie

FILED
2014 AUG 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Tax Firm

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:

Fatimeh Ismail Barrie

Name of Person

American Tax Firm

Firm/Company

4403 Urbana Drive, Apt. 302

Address

Orlando, Florida 32837

City/State and Zip Code

Fshamsed@gmail.com

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

For further information concerning this matter, please call:

Fatimeh Ismail Barrie

at (727) 482-7480

Name of Person

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

FILED
2014 AUG 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Tax Firm, 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:

7901 Kingspointe Parkway

Suite 19

Orlando, FL 32819

Mailing Address:

7901 Kingspointe Parkway

Suite 19

Orlando, FL 32819

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:

Fatimeh Ismail Barrie

Name

4403 Urbana Drive, Apt. 302

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

Orlando

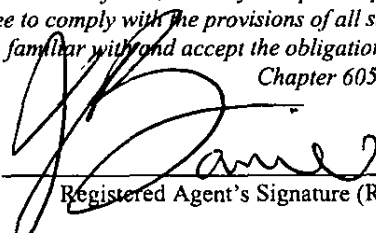
City

FL

32837

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)

2014 AUG 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Fatimeh Ismail Barrie

4403 Urbana Drive, Apt. 302

Orlando, FL 32837

AMBR

Mohamed Hamed Barrie

4403 Urbana Drive, Apt. 302

Orlando, FL 32837

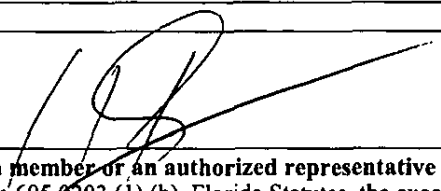
(Use attachment if necessary)

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.)

MOHAMED HAMED BARRIE

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)

2014 AUG 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED