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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

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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

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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

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:	**Mailing Address:**
7901 Kingspointe Parkway	7901 Kingspointe Parkway
Suite 19	Suite 19
Orlando, Fl 32819	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.)

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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 FL 32837
City 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)

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)

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