## L15000005657

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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(Document Number)	· ,
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Date: 12/23/2014

Day: Tuesday

## To whom it may concern

I am the undersigned hereby "Rakan Odatallah" testify that UNITED ACCOUNTING & CONSULTING GROUP LLC was voluntarily dissolved on November 11, 2014, effective November 11, 2014. I further testify that I am not going to revoke the dissolution of the said entity.

The document number of this limited liability company isL14000076255.

Should you require any information, please don't hesitate to contact me on my contact information below.

Best Regards,

Date: 12/23/2014

Rakan Odatallah

Mobile: 813-766-9849

Email: rakan od@yahoo.com

Signature:

## COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	ECT: <u>UNITED ACCOUNTING &amp; CONS</u> Name of Lir	SULTING GROUP LLC nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	RAKAN ODATALLAH	Name of Person	
	UNITED ACCOUNTING & CONSU	JLTING GROUP LLC Firm/Company	
	4815 E BUSCH BLVD SUITE 101	Address	
	TAMPA, FL 33617	City/State and Zip Code	
_R	AKAN_OD@YAHOO.COM E-mail address: (to be use	d for future annual report notification)	
For fur	ther information concerning this matter, plea	ase call:	
RAKA	NODATALLAH at ( at ( at ( at ( at ( at (	813 ) 766-9849 Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:		
<b>☑</b> \$125.0	00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	U/	ें जिल्लाम
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations	The same of the sa

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:		
	NG & CONSULTING GROUP ust end with the words "Limited	LLC Liability Company, "L.L.C.," or "LLC	<u></u>
ARTICLE II - Address	:		
		fice of the Limited Liability Company	/ is:
Principal Office Addre	ss:	Mailing Address:	
4815 E BUSCH BLVD SUITE 101		4815 E BUSCH BLVD SUITE 101	
TAMPA, FL 33617		TAMPA, FL 33617	
another business entity was another business entity was another florid	with an active Florida registration a street address of the registered CHARLES E GENTRY II Name 4815 E BUSCH BLVD SUITE Florida street address (P.O. Box	agent are:  101 NOT acceptable)	
<u>-</u>	TAMPA City	FL 33617 Zip	
the place designated capacity. I further agr	in this certificate, I hereby accept ee to comply with the provisions on familiar with and accept the obl	rvice of process for the above stated ling the appointment as registered agent and all statutes relating to the proper and ligations of my position as registered ager 605, F.S	and agree to act in this d complete performance
	(CONTINUI Page 1 of 2	ED)	4 DEC 30 F

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	RAKAN ODATALLAH
	4815 E BUSCH BLVD SUITE 101
	TAMPA, FL 33617
MGR	CHARLES E GENTRY II
	4815 E BUSCH BLVD SUITE 101
	TAMPA, FL 33617
MGR	FAHIM MALKEYA
	4815 E BUSCH BLVD SUITE 101
	TAMPA, FL 33617
(Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other than the dat fective date is listed, the date must be s	te of filing: JANUARY 1, 2015 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the dat	te of filing: <u>JANUARY 1, 2015</u> , (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the dat fective date is listed, the date must be so of filing.)	te of filing: JANUARY 1, 2015
LE V: Effective date, if other than the dat fective date is listed, the date must be so of filing.)	te of filing: JANUARY 1, 2015
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.)  LE VI: Other provisions, if any.	te of filing: JANUARY 1, 2015
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a manual content of the specific content of the specif	pecific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 6	nember or an authorized representative of a member.
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 6 constitutes an affirmation unconstitutes an affirmation unconstitutes are section 6.	pecific and cannot be more than five business days prior to or 90

Page 2 of 2

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)