

L15000028761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

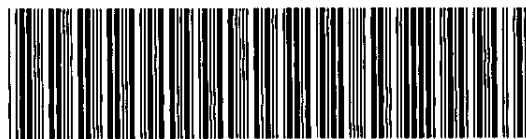
(Business Entity Name)

(Document Number)

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

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02/18/15--01001--002 \*\*160.00

RECEIVED  
15 FEB 17 PM 1:46  
TALLAHASSEE, FLORIDA

15 FEB 17 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

FEB 17 2015  
T. HAMPTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Moghtaderi business consulting LLC  
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:

Ahmadali Moghtaderi

Name of Person

Moghtaderi business consulting LLC

Firm/Company

3066 Killearn Point Ct.

Address

Tallah, FL 32312

City/State and Zip Code

ahmad39@yahoo.com

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

For further information concerning this matter, please call:

Mahmoud Mike Askari at (850) 556-6666

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:

Moghtaderi Business Consulting 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:

3066 Killearn Point Ct.  
TALLA, FL 32312

Mailing Address:

The Same

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:

Mahmoud Mike Askari  
Name

3066 Killearn Point Ct.

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

TALLA FL 32312  
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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED  
15 FEB 17 PM 1:57  
CLERK OF COURT  
TALLAHASSEE 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

MGRM

MGRM

MGRM

MGRM

Name and Address:

Ahmad Ali Moghtaderi  
3066 Killearn Point Ct.

TALLA, FL 32312

AmirPasha Moghtaderi  
2414 Telegraph Ave #214  
Berkeley, Ca 94704

Mahmoud Mike Askari  
3066 Killearn Point Ct.  
TALLA, FL 32312

Kian Moghtaderi  
2414 Telegraph Ave #214  
Berkeley, Ca 94704

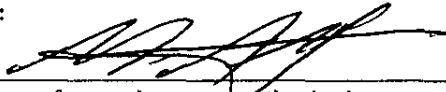
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb-17-15 (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.)

Mahmoud Mike Askari

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)