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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Effective Date 3/15/15

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SECRETARY OF STATE

W15-7815

MAR 1 3 2015

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIAN LLC Name of	of Limited Liability Company
The enclosed Articles of Organization and fee	e(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Tariq R. Mian	Name of Person
	Firm/Company
4811 Rosemont Court	Address
Pensacola, FLorida 32514	City/State and Zip Code
tmian@att.net E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter	r, please call:
Tariq R. Mian Name of Person	at (<u>850·</u>) <u>207-0110</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee State Certificate of State	
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 2, 2015

TARIQ R MIASN 4811 ROSEMONT CT PENSACOLA, FL 32514

SUBJECT: MIAN LLC

Ref. Number: W15000007515

We have received your document for MIAN LLC and your check(s) totaling \$125.00. 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.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 815A00002088

Effective Date 3/15/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Mian Family LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "	 LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office		
Principal Office Address:	Mailing Address:	
4811 Rosemont Court Pensacola, FL 32514	4811 Rosemont Court Pensacola, FL 32514	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must desig	
The name and the Florida street address of the registered ag	gent are:	
Tariq R. Mian Name	• .	
4811 Rosemont Court Florida street address (P.O. Box N	OT acceptable)	
Pensacola	FL 32514 Zip	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblige	ce of process for the above stated the appointment as registered age all statutes relating to the proper ations of my position as registere 605, F.S	nt and agree to act in this and complete performance
Registered Agent's Signatur	e (REQUIRED)	
(CONTINUEI))	ĮAS ĮAS

Page 1 of 2

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ARTICLE IV-

Page 2 of 2

\$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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