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(Requestor's Name)

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☐ PICK-UP

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15 MAR 11 AM 11:29
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

15 MAR 27 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Columbus Drive Holdings 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:

Abed Alqutub

Name of Person

Columbus Drive Holdings LLC

Firm/Company

6208 East Columbus Drive

Address

Tampa FL 33619

City/State and Zip Code

Abedlouai@gmail.com

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

For further information concerning this matter, please call:

Abed Alqutub

Name of Person

at (813)

Area Code

802-6105

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:

Columbus Drive Holdings 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:

6208 East Columbus Drive

Tampa, FL 33619

Mailing Address:

6208 East Columbus Drive

Tampa, FL 33619

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:

Abed Alqutub

Name

8529 Renald Blvd

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

Tampa

FL

33637

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)

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HILLSBORO, 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

AMBR, MGR

Name and Address:

Abed Alqutub
8529 N Renald Blvd

Tampa FL 33637

AMBR

Rafea Bandar Al-ogaidi

11500 N. Dale Mabry Hwy #1301

Tampa FL 33618

AMBR

Ahmed Hussein Aldhafeni

4829 N. Goldenrod RD #3B

Winter Park FL 32792

(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.)

Abed Alqutub
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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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO
FLORIDA