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(Requ	iestor's Name)	
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(City/S	State/Zip/Phon	e #)
` '	·	·
PICK-UP	☐ WAIT	MAIL
		
/Puni	ness Entity Nar	ma\
(Busii	ness Enuty Nar	nie)
		
(Docu	iment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

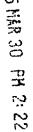




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COVER LETTER

TO: Registration Section Division of Corporat			
SUBJECT: Nhied T	iran LCC	,	
	Name of Limi	ited Liability Company	
The enclosed Articles of Organ	nization and fee(s) are	submitted for filing.	
Please return all correspondence	ce concerning this ma	tter to the following:	
Loi T	<i>1</i> 30		·
		Name of Person	
Whien T	13n		1-17- ₁₋₁ -11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
		Firm/Company	
auos pu	jyet Lone	Address	
Tallahasse	e FL 3	1303 ty/State and Zip Code	
		for future annual report notifical	tion)
For further information concer			
loi Tran	at (750 , 508-5978	•
Name of Per	rson	750 508 -59 78 Area Code Daytime Tele	ephone Number
Enclosed is a check for the fol	lowing amount:		
	0.00 Filing Fee & rtificate 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 Ad		Street/Courier Addr	<u>ess</u>
	Corporations	Registration Section Division of Corporati	ons
P.O. Box 63 Tallahassee,		Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Whien	Tran LLC		
	(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac		ncipal office of the Limited Liability Company is:	
Principal Office	iddress:	Mailing Address:	
Zuos Nusq Tellahassee	t Lane FL 32303	2405 Nugget lare Tallanzske PL 32303	
	egistared Agent Degistered C	N60: 0 D!	
nother business		راهم المستقر راهم سنة	ر الم
nother business	ility Company cannot serve as intity with an active Florida regi	its own Registered Agent. You must designate an individual or sistration.) gistered agent are:	10 1350 00
nother business	ility Company cannot serve as intity with an active Florida region Florida street address of the region of the reg	its own Registered Agent. You must designate an individual or instration.) gistered agent are: Name	13 1180 00 171
nother business	ility Company cannot serve as intity with an active Florida region Florida street address of the region of the reg	its own Registered Agent. You must designate an individual or instration.) gistered agent are:	10 1350 00
nother business	Florida street address of the regular of the regula	its own Registered Agent. You must designate an individual or distration.) gistered agent are: Name O. Box NOT acceptable) FL 32303	13 1180 00 171 61
another business	Florida street address of the reg	its own Registered Agent. You must designate an individual or distration.) gistered agent are: Name O. Box NOT acceptable)	13 1180 00 171 61

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Γitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	La Van Tran
	24105 NUKGH 12mg
	Talloharsee FL 37303
Ambr	•
4.14.1.2	
	<u></u>
	<u>n</u>
Use attachment if necessary)	
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