

61500058025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

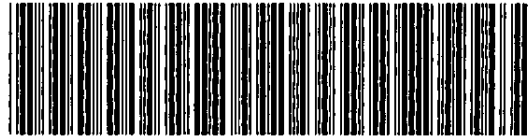
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700270383177

03/16/15--01033--014 \*\*125.00

FILED  
15 MAR 16 AM 11:07

J. Shivers APR 02 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Khamar Bari 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:

Shahina Uddin  
Name of Person

Firm/Company

1101 Emory Ave  
Address

Kissimmee FL 34741  
City/State and Zip Code

rayghor@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shahina Uddin at ( 407 ) 300-5646  
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:

Khamar Bari 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:**

1101 Emory Ave  
Kissimmee FL 34741

**Mailing Address:**

1101 Emory Ave  
Kissimmee FL 34741

**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:

Shahina Uddin

Name

1101 Emory Ave

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

Kissimmee

FL 34741

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..*

Shahina Uddin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAR 16 AM 11:07  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN 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

Muntasir Chowdury

**Name and Address:**

1101 Emory Ave  
Kissimmee FL 34741

Shahina Uddin

1101 Emory Ave.  
Kissimmee FL 34741

Bashir Uddin

1101 Emory Ave.  
Kissimmee FL 34741

Mujibur Rahman

1101 Emory Ave.  
Kissimmee FL 34741

(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.

Consent is required by owners that together own a majority of the business.

No partner shall transfer interest in the partnership to any other party without the written consent of the remaining partner(s).

**REQUIRED SIGNATURE:**

Shahina Uddin

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.)

Shahina Uddin

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)

15 MAR 16 AM 11:07