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PPR - 3 2015

T. HAMPTON

COVER LETTER

Division of Corporations	
SUBJECT: RAN Petroleum LLC	
Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Susan B. Collingwood	
	Name of Person
Susan B. Collingwood, Attorney at L	
	Firm/Company
17801 SW 46th Avenue	Address
	Address
Archer, FL 32618	ty/State and Zip Code
susancol@bellsouth.net	
E-mail address: (to be used For further information concerning this matter, pleas	for future annual report notification)
For further information concerning this matter, pieas	ee can.
Susan Collingwood at (3:	52) 495-3053 Area Code Daytime Telephone Number
Traine of 7 closes	Sayamo Polymone Namour
Enclosed is a check for the following amount:	_
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
RAN Petroleum LLC	ed Liability Company, "L.L.C.," or "L	I C "		
(Must end with the words Limite	ed Liability Company, L.L.C., or L	LC.)		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Compa	ny is:		
Principal Office Address:	Mailing Address:			
Ajmal Riaz/RAN Petroleum LLC 1671 East 32nd Street	Ajmal Riaz/RAN Petroleum L 1671 East 32nd Street	LC		
Brooklyn, NY 11234	Brooklyn, NY 11234			
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration of the registered address of the reg	n Registered Agent. You must designation.)	ate an indivi	dual or	
Susan B. Collingwood, Attor				
17801 SW 46th Avenue Florida street address (P.O. Bo	ov NOT acceptable)			
Piorida street address (F.O. Di	ox <u>NO1</u> acceptable)			
Archer City	<u>FL 32618</u> Zip			
Having been named as registered agent and to accept so the place designated in this certificate, I hereby acceptance capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the acceptance of the control of the cont	ept the appointment as registered agents of all statutes relating to the proper a subligations of my position as registered apter 605. F.S.	t and agree t and complete	o act in perfori	this nance
(CONTIN	•	SECRETARY FALL AHASSE	15 MER 13	CALLED TO SERVICE TO S

<u>Γitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Ajmal Riaz
	1671 East 32nd Street
	Brooklyn, NY 11234
	
EV: Effective date, if other than the date tive date is listed, the date must be s	te of filing:
EV: Effective date, if other than the date tive date is listed, the date must be s f filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 o
ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date ctive date is listed, the date must be so f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date ctive date is listed, the date must be so f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date ctive date is listed, the date must be so f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (b) and the document to the Department of State only as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be so f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation unding a magnetic degree feloconstitutes a third degree feloconstitutes a third degree feloconstitutes.	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)

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