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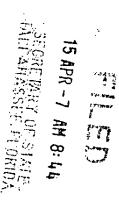
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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J. Sentuers APR 21 705

# **COVER LETTER**

	Registration Division of C	Section Corporations		
SUBJEC	Т:	Stop the Name of Lin	K-11:ng and died Liability Company	Violence, LLC
The enclo	osed Articles	of Organization and fee(s) as	re submitted for filing.	
Please ret	turn all corre	spondence concerning this m	atter to the following:	
	<del> </del>	Keona	Muhanna Name of Person	d
	<del></del>		Firm/Company	
		P.O. Box 6	306 Address	
		Ft. Lau de C in Fore 54 E-mail address: (to be use	dale FL 3  City/State and Zip Code  For the killing and differ future annual report for fire	duiolence.com
For further	er information	n concerning this matter, plea		
<u>S</u> 1	hah c Nam	Muhanmadat (	954 867-8 Area Code Daytime Tel	O 30 ephone Number
Enclosed	is a check fo	r the following amount:		,
\$125.00 1	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:	
Stop the 12: 11: ag an (Must end with the words #Limited L	d Violence, LLC. iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1050 NW 23 <sup>rd</sup> RO Ft. Landerdale FL 33311	P.O. Box 6306 Fr. Landerdale FL 32310
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 designate an individual or
The name and the Florida street address of the registered ag	gent are:
Shahid Mu	hannad
Name	
1050 NW 73' Florida street address (P.O. Box N	(OT acceptable)
Ft. Landerdale	Zip
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 oblig	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Shaha Mu Registered Agent's Signatur	hanimad e (REQUIRED)
(CONTINUEI	PR-7
Page 1 of 2	AH 8:

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	01 1-100 1
AMBR	Po Box 6306
	Ft. Landerdole FL 33310
AMOR	Keona Muhannad
	PO Dox 6306 Ft. Landerdale FL 33310
EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
(Use attachment if necessary)  E V: Effective date, if other than the date cive date is listed, the date must be spart of filing.)  E VI: Other provisions, if any.	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	ember or an authorized representative of a member.
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66 constitutes an affirmation und	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the constitutes are applied to the constitutes are affirmation und I am aware that any false information und I are aware that a aware that	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in \$ 817.155 F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the constitutes are applied to the constitutes are affirmation und I am aware that any false information und I are aware that any false information und I am aware that any false information und I are aware that a a	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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