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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALL ABASSEE FLORIDA

Mian BAHA EADIN
5623 FRANK HOUGH RD.
PANAMA CIU, FL 32404
P 847-528-2582
F 888-857-7905
Enail Sales @ Buy MACNOW. Com

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BUY MAC NOW 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:
OMAR BAHADDIN
Name of Person
Buy MAC NOW LLC.
Firm/Company
5623 FRANK Hough RD-
Address
PANAMA CITY, FL. 32404
PANAMA CILY, TL. 32464 SALES @ Buy MAC NOW, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OMAR #1847, 528-2582
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street 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:

	Buy MA	C NOW	LLC	-			
(M	ust end with the words "Li	imited Liability Con	npany, "L.L.C.,"	or "LLC.")	 	_	
ARTICLE II - Address: The mailing address and	: street address of the princ	ipal office of the Li	mited Liability (Company is:			
]	Principal Office Address	;		Mailing Address:			
<u>562</u>	23 FRAN	R Hough	RD.	SAM	<u>e</u>	_	
7	THE CALL	32	704			-	
(The Limited Liability Co	red Agent, Registered Or ompany cannot serve as its vith an active Florida regis	s own Registered Ag			ual or		
The name and the Florida	street address of the regi	stered agent are:		•			
	OMA	R BAHA	I CLAD!	\sim			
		Name	•				
	5623	3 FRA	NK	Hough	RD		
		ddress (P.O. Box N					
	PANAY	NA CUI	y, FL	32409	A		
	City	State)	<u></u>			
Having been named as regi place designated in this cer further agree to comply wit am familiar with and accep	tificate, I hereby accept th h the provisions of all stati	e appointment as reg utes relating to the p	gistered agent ar roper and comp	nd agree to act in thi lete performance of t	s capacity my duties	y. <i>I</i>	
		7					
					$\sum_{i \in \mathcal{I}} y_i$		
	R	legistered Agent's S	ignature (REQU	JIRED)	CY.	5 APR	
		(CONTINU	ED)		NSS/	R 27	-1
		Page 1 of	2		الله الله الله الله الله الله الله الله	A	۾ <u>.</u> م
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MAR BAHAEDIN SG23 FRANK HOUSH RA PANAMA CICY (132 40) (OPTIONAL) mnot be more than five business days prior to or 90 day
. (OPTIONAL) nnot be more than five business days prior to or 90 day
imot be more man five business days prior to or 50 day
icable statutory filing requirements, this date will not be cords.
~
authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
Povided for in s.817.155, F.S.)
3

as

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)