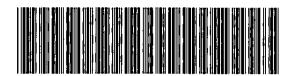
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PICK-UP	☐ WAIT	MAIL
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CONSTRUCTIONS

FILED
2015 APR 13 P 12: 29
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

NABIL ABUZNAID 3422 W BROWARD BLVD FORT LAUDERDALE, FL 33312

SUBJECT: UNIVERSITY, LLC Ref. Number: W15000028623

We have received your document for UNIVERSITY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P14000062512 (UNIVERSITY, INC.).

A foreign limited liability company which has changed its name, duration or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$52.50.

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	CCT: <u>University, LLC</u> Name of L	imited Liability Company	<u> </u>
	closed Articles of Organization and fee(s) a return all correspondence concerning this i	-	
	Nabil Abuznaid	Name of Person	
		Firm/Company	
	3422 W. Broward Blvd.	Address	- <del></del>
	Fort Lauderdale, FL 33312	City/State and Zip Code	
		ed for future annual report notifica	ation)
		954 ) 865-1297	
Enclose	Name of Person ed is a check for the following amount:	Area Code Daytime Tel	ephone Number
_	0 Filing Fee \$\bigsiz \\$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 Tollahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "L	Entroprises, LLC imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3422 W. Broward Blvd. Ft. Lauderdale, FL 33312	3422 W, Broward Blvd. Ft. Lauderdale, FL 33312
another business entity with an active Florida regi	s own Registered Agent. You must designate an individual or stration.)
The name and the Florida street address of the regi	istered agent are:
Nabil Abuznaid	Name
3422 W. Broward Blvd. Florida street address (P.0	
<u>Ft. Lauderdale</u>	FL 33312
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the provof my duties, and I am familiar with and accept	sept service of process for the above stated limited liability company accept the appointment as registered agent and agree to act in this isions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S  Signature (REQUIRED)
(CON	TINUED)

Page 1 of 2

2015 APR 13 P 12: 29

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Nabil Abuznaid
	3422 W. Broward Blvd.
	Ft. Lauderdale, FL 33312
	, Ft. Lauderdale, FL 33312
<del></del>	
•	
(Use attachment if necessary)	
E V: Effective date, if other than the date of ective date is listed, the date must be spec of filing.)	f filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
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E VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90
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EVI: Other provisions, if any.  REQUIRED SIGNATURE:	Mhu Zuenil
EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem	The and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605. constitutes an affirmation under	aber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of periury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605. constitutes an affirmation under 1 am aware that any false informs	aber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, attion submitted in a document to the Department of State
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REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605. constitutes an affirmation under 1 am aware that any false informaconstitutes a third degree felony	aber or an authorized representative of a member.  10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605. constitutes an affirmation under 1 am aware that any false informaconstitutes a third degree felony	aber or an authorized representative of a member.  10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605. constitutes an affirmation under 1 am aware that any false information constitutes a third degree felony  Lab :  \$125.00 Filing Fee for Articles of Orga	aber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Abuzhail  Typed or printed name of signee
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605. constitutes an affirmation under I am aware that any false informacionstitutes a third degree felony  Mass :	aber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. attorn submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Abozaal  Typed or printed name of signee  Filing Fees:

Page 2 of 2