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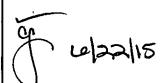
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COVER LETTER

| | egistration So ivision of Cor | | | | , | | | |
|----------------|----------------------------------|--|-------------------|--|--|--------------------|---------------|-----|
| CUD IECT | | rmance LLC | | | | | | |
| SUBJECT | · | Name of I | Limited Liabilit | y Company | | - . | | |
| The enclos | ed Articles of | Organization and fee(s) | are submitted | for filing. | | | | |
| Please retu | rn all correspo | ondence concerning this | matter to the fo | llowing: | | | | |
| | Deanna Ram | sey, CPA | | | | | | |
| | | | Name of I | Person | | | | |
| | Deanna Ram | sey, CPA, LLC | | | | | | |
| | | | Firm/Con | npany | | | | |
| | PO Box 1033 | 2 | | | | | | |
| | | | Addre | SS | | | | |
| | Versailles, K | Y 40383 | | | | | | |
| | | | City/State and | Zip Code | | | _ | |
| - | I: | E-mail address: (to be us | sed for future ar | nual report notificatio | n) | | | |
| For further in | nformation co | ncerning this matter, ple | ease call: | | | | | |
| | Deanna Rams | sey, CPA | 859 | 873-0981 | | | | |
| | Nam | e of Person | ·——- | Daytime Telephone | Number | | | |
| Enclosed is | a check for th | ne following amount: | | | | | | |
| \$125.00 Fi | ling Fee | \$130.00 Filing Fee & Certificate of Status | Certifie |) Filing Fee & d Copy l copy is enclosed) | \$160.00 I Certificat Certified (additional | te of Stat Copy | us & | ed) |
| | Registr Divisio P.O. Bo | g Address ation Section on of Corporations ox 6327 assee, FL 32314 | F I (| Street Address Registration Section Division of Corporation Clifton Building 1661 Executive Center Callahassee, FL 32301 | | ENTER ANTAGE | JUN 15 PH 4:3 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | | FIL | ΞŊ | |
|---|--|--|--|-----------------------|---------------------------|-------|-------------|
| The name of the Diffice Diability | Company is. | | | 4 = | | | |
| SIG PERFORMANO | PRII <i>C</i> | | | 15 | JUN 15 | PM | 4: 32 |
| | | d Liability Con | ppany, "L.L.C.," or "LLC.") | ĺþ | VE HART ARMS T | OF SI | TIE Mila |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal of | office of the Li | mited Liability Company is: | | | | |
| <u>Principa</u> | l Office Address: | | Mailing Add | lress: | | | |
| 107 Heron Dr Palm Coast FL, 3213 | 7 | | 107 Heron Dr Palm Coast, FL 32137 | | | | |
| ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ad The name and the Florida street a | cannot serve as its own ctive Florida registration | n Registered Agon.) | | ndividu | al or | | |
| | Nedhal Saeed | | | | | | |
| | 7.00.00 | Name | | | | | |
| | 107 Heron Dr | | | | | | |
| | Florida street addres | ss (P.O. Box No | OT acceptable) | | | | |
| | Palm Coast | FL | 32137 | | | | |
| | City | State | Zip | | | | |
| laving been named as registered ap place designated in this certificate, i urther agree to comply with the pro um familiar with and accept the obl | hereby accept the appovisions of all statutes rigations of my position | pointment as reg elating to the pr as registered a | ristered agent and agree to actroper and complete performangent as provided for in Chapte ignature (REQUIRED) | t in this nce of n | capacity. ny duties, a | I | |
| | | , | • | | | | |

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| "MGR" = Manager MGR Nedhal Saeed 107 Heron Dr Palm Coast FL, 32137 MGR Iman Saeed 107 Heron Dr Palm Coast FL, 32137 (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (In the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. | Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|---|
| MGR Nedhal Saeed 107 Heron Dr Palm Coast FL, 32137 | | |
| MGR Iman Saeed 107 Heron Dr Palm Coast FL, 32137 (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be current's effective date on the Department of State's records. (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.) Nedhal Saeed Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S. 30.00 Certificate of Status (Optional) \$\frac{\text{Filing Fees}}{\text{Fees}}\$ | | |
| Iman Saced 107 Heron Dr Palm Coast FL, 32137 | | |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be exempted in this block does not meet the applicable statutory filing requirements, this date will not be exempted by the second of State's records. The second of the second of State's records. REOURED SIGNATURE: Signature of a member of 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 penaltics 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.) Nedhal Saeed Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$25.5.00 Certificate of Status (Optional) | | Palm Coast FL, 32137 |
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| (Use attachment if necessary) T.E. V: Effective date, if other than the date of filing: | | |
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