615000109534

Ť
(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(· · ·

Office Use Only



200274271762

06/23/15~-01011--016 **160.00

15 JUN 23 PH 4: L8
SEGRETARY OF STATE

T. Brown JUN 2 9 2015,

COVER LETTER

Div	vision of Co	rporations			
SUBJECT:	Super Tec	ch Consulting LLC			
,		Name of Li	mited Liabil	ity Company	
The enclose	d Articles o	f Organization and fee(s) a	re submitted	for filing.	
Please return	all corresp	ondence concerning this m	atter to the f	ollowing:	
	Mubeena G	azala Fatima			
-	,		Name of	Person	
	Super Tech	Consulting LLC			
-	···		Firm/Co	mpany	
	1124 Fenne	l Green Dr			
-			Addr	ess	
	Seffner FL	33584			
n	unawar.skl	nan@gmail.com	City/State and	d Zip Code	
		E-mail address: (to be used	l for future a	nnual report notificat	ion)
For further inf	ormation co	oncerning this matter, pleas	se call:		
,	Munawar K		02	7945585	
	Nan	ne of Person A	Area Code	Daytime Telephon	e Number
Enclosed is	a check for	the following amount:			
\$125.00 Fili	ng Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	M	4.3.3		04 4 4 1 1	

Mailing Address

TO:

Registration Section

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

Super Tech Con				
(Must	end with the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and str	eet address of the principal o	ffice of the Limited I	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
1124 Fennel Gre	en Dr	1124	Fennel Green Dr	
Seffner, Florida RTICLE III - Registered The Limited Liability Com	Agent, Registered Office,	& Registered Agent	ou must designate an individua	일 5
RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, pany cannot serve as its own	& Registered Agent. Yon.) I agent are:	's Signature: ou must designate an individua	일 5
RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Yon.) I agent are:	e's Signature: ou must designate an individual	SEGRETARY O
RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Yon.) I agent are: ima Name	e's Signature: ou must designate an individual	SEGRETARY O
RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Mubeena Gazala Fat	& Registered Agent. Yon.) I agent are: ima Name	e's Signature: ou must designate an individual	SEGRETARY O
RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Mubeena Gazala Fat	& Registered Agent. Yon.) I agent are: ima Name	e's Signature: ou must designate an individual	15 JUN 23

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
ANDD		
AMBR	Mubeena Gazala Fatima	
	1124 Fennel Green Dr	
	Seffner FL 33584	
MGR	Munawar S Mohammad	
	1124 Fennel Green Dr	
	Seffner FL 33584	
AMBR	Shumaila Fatima	e with the
AMBK	Shumaila Fatima 1124 Fennel Green Dr	1 1
	Seffner FL 33584	0.22
	Semiet PL 55564	E .
		Brede
	3	
	FO #	1
	22 F	GE E
(Use attachment if necessary)	<u></u>	
he date of filing.) Note: If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list	
If an effective date is listed, the date must be speci he date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list	
If an effective date is listed, the date must be speci he date of filing.)	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list	
If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be listate's records.	
If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical first accordance with sections.	et the applicable statutory filing requirements, this date will not be listate's records. State's records. ber or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document	
If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical (In accordance with section constitutes an affirmation uplian aware that any false in	et the applicable statutory filing requirements, this date will not be listate's records. State's records.	
If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical (In accordance with section constitutes an affirmation uplian aware that any false in	the and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be lies state's records. ber or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 16 of formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	
If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memical (In accordance with section constitutes an affirmation used in a management of the constitutes at third degree for the date of the date o	the and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be lies state's records. ber or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 16 of formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	
If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memical (In accordance with section constitutes an affirmation used in a management of the constitutes at third degree for the date of the date o	the applicable statutory filing requirements, this date will not be lies state's records. ber or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.) 1 stima Typed or printed name of signee	
If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical financordance with section constitutes an affirmation of a management of the constitutes at third degree for the date of the	the and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be lies state's records. ber or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	

ARTICLE IV-