

L15000/30275

(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:

WeFky R. Mansour gave
Verbal permission to
put LLC as suffix on
name.

T. Cannon
8/3

Office Use Only



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07/17/15--01031--007 **155.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 17 AM 11:43

EFFECTIVE DATE
July 23, 2015

AUG - 3 2015

T CANNON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2015

MARLENE M AZIZ
NORE TECHNOLOGY LLC
12417 BRAXTED DRIVE
ORLANDO, FL 32837 US

SUBJECT: NORE TECHNOLOGY LIMITED LIABILITY COMPANY, "L.L.C.,"
Ref. Number: W15000049918

We have received your document for NORE TECHNOLOGY LIMITED LIABILITY COMPANY, "L.L.C.," and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must choose one of the two suffixes you have listed for the limited liability company name.

You can use limited liability company OR L.L.C. but you cannot use both, only one.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 915A00015796

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORE TECHNOLOGY 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:

MARLENE M. AZIZ

Name of Person

NORE TECHNOLOGY LLC

Firm/Company

12417 BRAXTED DRIVE

Address

ORLANDO , FLORIDA ,32837

City/State and Zip Code

wmansour@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLENE M. AZIZ

407

396-8200

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 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

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

Street Address

New Filing 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:

NORE TECHNOLOGY LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

MARLENE M. AZIZ

12417 BRAXTED DRIVE

ORLANDO, FLORIDA, 32837

Mailing Address:

12417 BRAXTED DRIVE

ORLANDO, FLORIDA, 32837

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MANSOUR INVESTMENTS INC

Name

500 W. LANCASTER ROAD

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO

FL.

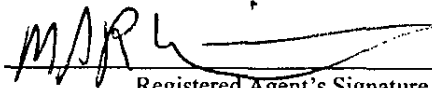
32809

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____ MGR _____

_____ MARLENE M. AZIZ
_____ 12417 BRAXTED DRIVE
_____ ORLANDO, FL. 32837

_____ AMBR _____

_____ WEFKY R. MANSOUR
_____ 500 W. LANCASTER ROAD
_____ ORLANDO, FL. 32809

_____ AMBR _____

_____ KHALID MOHAMED ELKALUBE
_____ P.O. BOX 771176
_____ ORLANDO, FL. 32877

15 JUL 17 AM 11:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

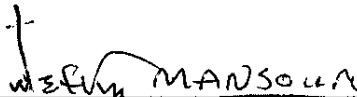
ARTICLE V: Effective date, if other than the date of filing: JULY/ 23/ 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

WEFKY R. MANSOUR

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)