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TALLAHASSEE, FLORID

Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations	*
SUBJECT: Almasude 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:	
Jo Anna Almasude Name of Person	
Jo Anna Almasude Name of Person Almasude LLC Firm/Company	
8109 Kiawah Trace	
Port St. Lucie FI 34986 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status	Filing Fee, ate of Status & I Copy I 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

Almasude LLC	
(Must end with the words "Limited Liability Co	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
8109 Kiawah Trace Port St. Louic, Fr	109 Kianah Trace
34984	34986
(The Limited Liability Company cannot serve as its own Registered A	
(The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	agent. You must designate an individual or
(The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	Sude Sude
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenther business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Dr. Amar Almas Name 4767 May Broad Florida street address (P.O. Box)	sude ASE 28

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)

Page 1 of 2

(CONTINUED)

Johns Pethit - Almasude 8109 Kiawah Trace Port ST Lucie Ft 3498 Am BR Am BR Am BR Am BR Lish Sw Peasock Blud., 30-106 Bif St. Lucie. Ft. 34986 We effective date, if other than the date of filing: Citive date is listed, the date must be specific and cannot be more than five business days prior to a series of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.	"AMBR" = Authorized Member	Name and Address:
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