L/500/188008

(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:



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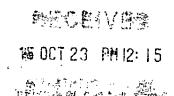
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2015

MASOUD TARTIBI PMK LLC 416 HARLEY CT OVIEDO, FL 32765

SUBJECT: PMK LLC (PRODUCTS MANUFACTURING IN KEIRDISTAN LLC)

Ref. Number: W15000057979

We have received your document for PMK LLC (PRODUCTS MANUFACTURING IN KEIRDISTAN LLC) and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 615A00021181

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	· •
(Must end with the words "Limited Liabili	ufacturing in Keundistan LLC. \$ ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
416 Harley Ct.,	416 Harley Ct. Oviedo, FL. 32765
416 Harley Ct., Oviedo, FL 32765	Oviedo, FL. 32765
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	
Macaud Tax	1 hinds

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

Name

416 Harley Ct. N/A.
Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Koorosh Tartibi 416 Harley Ct., Oxieda, FL. 327
MGR	Farzaneh Eshghi UIG Harley Ct. Oviedo FL. 3276
AMBR	Masoud Tartibi 416 Harley Ct. Oviedo, FL. 3276;
(Use attachment if necessary) CLEV: Effective date, if other than th	e date of filing: Jan. 1, 2016 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does	the date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.)	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records. The amember of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, of false information submitted in a document to the Department of State.