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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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T. SCOTT



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02/22/16--01013---901 \*\*125.00



# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ENGLISH MARKETING GROUP LLC  Mame 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:		
HASSIAN KARRIEM		
Name of Person		
ENF. wity Makketing Gloup LLC Firm/Company		
200 S. B. ScayNE Blud #2790 Address		
Miani. Flarida, 33131		
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future armual 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:		
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, 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:

, V	KETUKNED C		
ENT. N. ty MARKETINE	Chorel 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:	Mailing Address:		
200 S. BISCAYNE Blud	Samie		
#2790 Miani FL 73/31			
APTICLE IV. Project of Asset Project of Office & Project of	- A		
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
HOSSON KORRIEM			
Name 2 7 1 4 2 2			
200 S. B. SCAYNE \$1vd #2790			
Florida street address (P.O. Box NOT acceptable)			

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:  / YASSON KARRIEM  200 5 BISCOUNT Flyd # 2750  Miami FL 133131
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in acc	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes.

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.

Typed or pfinted name of signee

#### 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)