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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
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16 MAY -2 PH 2: 4:

SECRETARY OF STATE

1#

COVER LETTER

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	Registration Section Division of Corporations
SUBJEC	T:
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	KASH FALLAHZADEH Name of Person
	FALLAH HOLDINGS, LLC Firm/Company
	13950 Oak Ridge Dr. Address
	Davie, FC 33725 City/State and Zip Code
	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:
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section New Filing Section
	Division of Corporations Division of Corporations

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

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:	FILED 16 MAY -2 PM 2:49
(Must end with the words "Limited Liability Company, "L.L.C.," or "LI	SECRETARY OF STATE LC.") TALLAHASSEF FI ORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar	
Principal Office Address: Mailin	ng Address:
13950 Oak 2: Line Dr. 13950 Oak Davie, Fr. 33325 Davie, F	1 33125
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	ate an individual or
The name and the Florida street address of the registered agent are:	
Name 17950 Oak R. G. Dr. Florida street address (P.O. Box NOT acceptable) Davie 17 33325	
City State Zip daving been named as registered agent and to accept service of process for the above/stated limitace designated in this certificate, I hereby accept the appointment as resistered agent and agree wither agree to comply with the provisions of all statutes relating to the proper and complete per m familiar with and accept the obligations of my position as registered agent as provided for in Registered Agent's Signature (REQUIRED)	ve to act in this capacity. I rformance of my duties, and I Chapter 605, F.S

Page 1 of 2

Title:	Name and Address:	16 MAY -2	Die -
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"MGR" = Manager		SECRETARY	DE SON
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