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144

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WAHAB CONSULTING 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:			
GERHAN KALID KAHAB Name of Person			
WAHAB CONSTRUCTION CO. Firm/Company			
010 SWATH AVENUE			
Address			
MIAMI, FLORIDA 33130			
City/State and Zip Code WALLD & WAHAB COHSTRUCTION. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MEG FLORIAN at 305 B54 - 8480 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)}}\$ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)			
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JUL 18 PM 3:01

SEGRETARY OF STATE TALLAHASSEE FLORIDA

NAHAB CONSULTING 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:
818 SW 4TH AVENUE	BIB SW ATTAVEHUE
MIAMI, FLORIDA 33130	MIAMI, FLORIDA 33130
ARTICLE III - Registered Agent, Registered Office, & Regis	
(The Limited Liability Company cannot serve as its own Register	red 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:

| TERMAN WAUD WAHAF
| Name
| BIB SW 4TH AVEHUE
| Florida street address (P.O. Box NOT acceptable)
| MIAHI FL 33130
| 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 relegangly 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)

(CONTINUE)

Page 1 of 2

		FILED
ARTICLE IV- The name and address of each person at	uthorized to manage and control the	Limited Labiul LCongrang
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	SEGRETARY OF STATE TALLAHASSEE FLORIDA
MGR	CTERMAN OIG SW MIRMI,	WALLD KAHAB ATH AVEHUE EL 33130
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date If an effective date is listed, the date must be sp he date of filing.) Note: If the date inserted in this block does not a the document's effective date on the Department	pecific and cannot be more than five meet the applicable statutory filing r	e business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	N/A	
REQUIRED SIGNATURE:		
This document is execu I am aware that any fals	ember or an authorized representated in accordance with section 605.0 te information submitted in a docume te felony as provided for in \$817.155	2203 (1) (b), Florida Statutes. ent to the Department of State
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees:	vistered Agent