

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

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From:

Account Name

: CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future Tannual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. ARAN, LLC

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CORP USA

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name ; CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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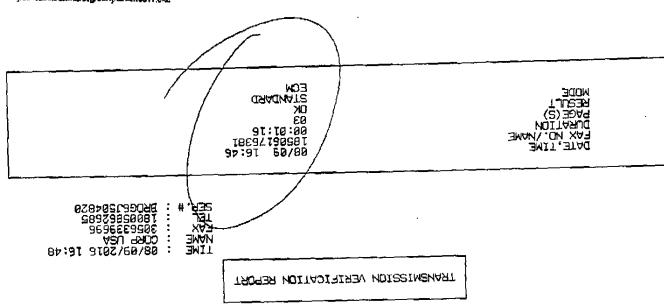
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	(SLLA)
ARAN, LLC	
(Must end with the words 'Limited Liab	(Hty Company, "L.L.C.," or "L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1004 Pine Branch Drive	1004 Pine Branch Drive
Weston, FL 33326	Weston, FL 33326
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or

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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PAGE 03/04

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	SECRETARY OF SCATE AUTHORIZED AND AUTHORIZED AND SECRETARY OF SCATE
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Rouhollah Fallah
	1004 Pine Branch Drive Weston, FL 33326
4165	
MGR	Roya Fallah
	1004 Pine Branch Drive Weston, FL 33326
	Weston, PL 33326
····	
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of most the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if say.	
REQUIRED SIGNATURE:	, Fank
This document is exc I am aware that any f constitutes a third de	member or an authorized representative of a member. couted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	Typed or printed name of signec
	Filino Fees:

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)