

**L16000148987**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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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

**FILED**  
16 AUG -9 AM 11:20  
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TALLAHASSEE, FLORIDA

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

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ARAN, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

114318

**Electronic Filing Menu**

**Corporate Filing Menu**

**Help**

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8/10*

*HH*

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Electronic Filing Menu

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<https://eflc.sunbiz.org/scripts/efileovr.exe>

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	08/09 16:48 18506176381 00:01:16 03 OK STANDARD ECM
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TIME : 08/09/2016 16:48  
NAME : CORP USA  
FAX : 3056339696  
TEL : 18005862685  
SER.# : BR066J504820

TRANSMISSION VERIFICATION REPORT

3

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARAN, 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:

1004 Pine Branch Drive  
Weston, FL 33326

1004 Pine Branch Drive  
Weston, FL 33326

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered 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:

Roubollah Fallah

Name

1004 Pine Branch Drive

Florida street address (P.O. Box NOT acceptable)

Weston

FL

33326

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 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..

R. Fallah

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Rouhollah Fallah  
1004 Pine Branch Drive  
Weston, FL 33326

Roya Fallah  
1004 Pine Branch Drive  
Weston, FL 33326

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

R. Fallah

Signature of a member or an authorized representative of a member.

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.

ROUHOLLAH FALLAH

Typed or printed 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)