

L16000195827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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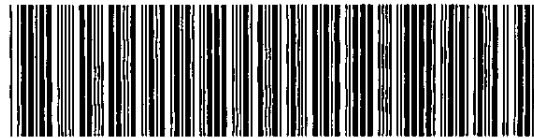
Certificates of Status \_\_\_\_\_

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OCT 26 2016



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2016 OCT 24 PM 12:43  
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MASSACHUSETTS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sami's of Marco, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samiur Rahman  
Name of Person

Firm/Company

227 N. Collier Boulevard  
Address

Marco Island, FL 34145  
City/State and Zip Code

Sami\_rahman@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samiur Rahman at ( 239 ) 398-5395  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy is enclosed)	Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street/Courier Address:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

Sami's of Marco, 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:**

227 N. Collier Boulevard  
Marco Island, FL 34145

227 N. Collier Boulevard  
Marco Island, FL 34145

**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:

Samiur Rahman

Name

227 N. Collier Boulevard

Florida Street Address (P.O. Box **NOT** accepted)

Marco Island

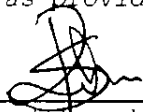
FL

34145

City

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ALLAHABAD  
ALLAHABAD

**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**

MGR

Samiur Rahman

227 N. Collier Boulevard

Marco Island, FL 34145

(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.)

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

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Samiur Rahman

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)