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16 NOV - 1 AM 10:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

m 11/3/14

Date: 10/27/2016

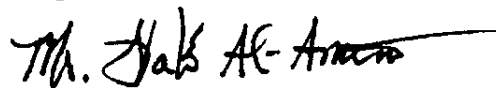
From: Wali Al-Amin
1312 22nd Street
Orlando, Florida 32805

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir:

Please find enclosed a money order made out to the Department Of State for registration of Amin & Associates, LLC. Money Order is in white envelope contact number 407-803-1324.

Regards,

A handwritten signature in black ink, appearing to read "Mr. Wali Al-Amin", with a long horizontal flourish extending to the right.

Mr. Wali Al-Amin/Investor

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amin & Associates LLC (Amin & Associates 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:

Wali Al-Amin

Name of Person

Firm/Company

1312 22nd St

Address

Orlando, FL 30825

City/State and Zip Code

wali.amin@yahoo.com

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

For further information concerning this matter, please call:

Wali Al-Amin

Name of Person

at (407) 803-1324

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration 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:

Amin &
Amin and Associates LLC (Amin & Associates 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:

1312 22nd St
Orlando, FL 30825

1312 22nd St
Orlando, FL 30825

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:

Wali Al-Amin
Name
1312 22nd St
Florida street address (P.O. Box NOT acceptable)
Orlando FL 30825
City Zip

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STATE OF FLORIDA
TALLAHASSEE

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..

Wali Al-Amin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Name and Address:

Wali Al-Amin _____

1312 22nd St _____

Orlando, FL 30825 _____

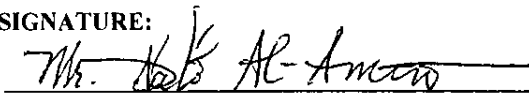
(Use attachment if necessary)

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 this 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.)

Wali Al-Amin _____

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)

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STATE
TALLAHASSEE
FLORIDA