# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000078673)))



H170000078873ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA Account Number: 072450003255 : (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. \*\*

Email Address:

### FLORIDA LIMITED LIABILITY CO. ISSA D. FITIAN PHD, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

9696889908

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I**

The Name of the Limited Liability Company shall be: ISSA D. FITIAN PHD LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

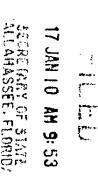
#### **ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 214 SW 180<sup>TH</sup> AVE, PEMBROKE PINES, FL 33029

#### **ARTICLE IV**

The name of the Authorized Member (S) shall be:

ISSA D. FITIAN
214 SW 180<sup>TH</sup> AVE
PEMBROKE PINES, FL 33029



#### **ARTICLE V**

The name and Florida street address of the registered agent shall be:

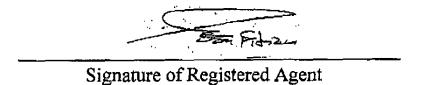
ISSA D. FITIAN 214 SW 180<sup>TH</sup> AVE PEMBROKE PINES, FL 33029

01/03/5011 11:58 3026339696 CORP USA CORP USA PAGE 02/03

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

#### ISSA D. FITIAN PHD LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



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.)

Typed or printed name signee