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Division of Corporations  
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Email Address: hossain5425@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
LIPE 9 INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

17 MAY 12 PM 3:09

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

**LIPE 9 INVESTMENTS, LLC**

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:

**122 EAST NOBLE AVE  
BUSHNELL, FL 33513**

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:

**MOHAMMED A. KADER  
122 EAST NOBLE AVE  
BUSHNELL, FL 33513**

*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..*

X Md. A. Kader

**MOHAMMED A. KADER/** Registered Agent's Signature

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**ARTICLE IV- Authorized Member(s) or Manager(s):**

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

"AMBR" = Authorized Member

"MGR" = Manager

**MOHAMMED A. KADER - Authorized Member**  
122 EAST NOBLE AVE  
BUSHNELL, FL 33513

**MD HOSSAIN - Authorized Member**  
122 EAST NOBLE AVE  
BUSHNELL, FL 33513

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**ARTICLE V: Effective date, if other than the date of filing: January 6, 2017**  
(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.)

**REQUIRED SIGNATURE:**

X ms. a. kader

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. )

**MOHAMMED A. KADER**

Typed or printed name of signee

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