# L17000178862

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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08/21/17--01022--009 \*\*180.00



## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: L85 LOS ANGELES 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:
SAFAA SROUR
Name of Person
Firm/Company
7343 W Sand lake Rd apt # 427
Address
Orlando F1 32319
infoa Safa Srowt. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Safaa Srowr at 516 305 - 3605  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}\$\int \text{Certified Copy (additional copy is enclosed)}\$\int \text{S160.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)}\$

#### **Mailing Address**

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

#### Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Address:  Mailing Address:  Address:  7343 W Sand lake Rd # 427 7343 W Sand lake Rd apt 427  Orlando Fl 32819  Orlando Fl 32819
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: $ \frac{Safaa}{SVOUV} $ Name  Name  Florida street address (P.O. Box NOT acceptable)  Or (curdlo F1 32819  City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the blace 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)

## 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:	
	Safaa Srour 7343 W Sand lake Rd got 40 Orlando Fl 32819	
<del></del>		
(Use attachment if necessary)		
he date of filing.)	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other provisions, if any,		
REQUIRED SIGNATURE:	Jan	
This document is executed in I am aware that any false info	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.  SAFAA SROUR	
Ty	ped 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)