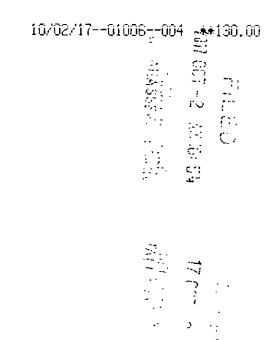
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(R	(equestor's Name)	
Α)	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer.	
	Office Use Only	



500303638115



M. Moon

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Melan	ame of Limited Liability Company
The enclosed Articles of Organization and	nd fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Mo hama	d Bassam Alhalabi Name of Person
	Firm/Company
266001	d Bainbridge Rd, Address
Tallahas belalalh	See F1.32303 City/State and Zip Code a 19 @ g mail. (o m (to be used for future annual report notification)
For further information concerning this m	· · · · · · · · · · · · · · · · · · ·
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following ar	•
\$125.00 Filing Fee \$130.00 Filing Certificate of	ng Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Melar	of furniture and the words "Limited Liability Co	I maitenace LLC	
(Must contain	n the words "Limited Liability Co	mpany, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the	Limited Liability Company is:	
Principal 9	Office Address:	Mailing Address:	
2660 olo	buinbridge Rol #	504	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	annot serve as its own Registered	ed Agent's Signature: Agent. You must designate an individual or	an out
The name and the Florida street add	Mohamad Bo	242.2	-2 18 0 54 286 - 186 54
place designated in this certificate, L further agree to comply with the prov	hereby accept the appointment as visions of all statutes relating to th	es for the above stated limited liability compar registered agent and agree to act in this capa e proper and complete performance of my dut d agent as provided for in Chapter 605, F.S	icity. 1
	(

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address: Mohammal Bassam Alhalabi
"AMBR" = Authorized Member "MGR" = Manager	Mohamment Bassam Alla of
MOR	2660 old bainbridge Rd #504
	791/aharseagfl 32311
	
(Use attachment if necessary)	
an effective date is listed, the date must be special date of filing.) ote: If the date inserted in this block does not	e of filing:
f an effective date is listed, the date must be special educations.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
f an effective date is listed, the date must be special of filing.) ote: If the date inserted in this block does not be document's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
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an effective date is listed, the date must be specified date of filing.) ote: If the date inserted in this block does not be document's effective date on the Department of any. REQUIRED SIGNATURE: Signature of a part of this document is executed any and aware that any fall.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as

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)