118000024705

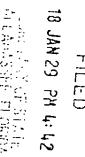
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | New Filing Section Division of Corporations | | | |
|--------------|---|-------------------|--|----|
| (11) B 11) c | MANDIKING LLC | | | |
| SUBJEC | | Limited Liabilit | ly Company | |
| The encl | osed Articles of Organization and fee(s) | are submitted f | for filing. | |
| Please re | turn all correspondence concerning this | matter to the fo | ollowing: | |
| | HAFIZ FAROOQ | | | |
| | | Name of I | Person | |
| | MANDI KING | | | |
| | | Firm/Con | npary | |
| | 9430 BECKER CT | | | |
| | · | Addre | ess | |
| | ORLANDO FL 32827 | | | |
| | emergingsystemusa@gmail.com | City/State and | Zip Code | |
| | E-mail address: (to be us | sed for future an | nnual report notification) | |
| For furthe | r information concerning this matter, ple | rase call: | | |
| | HAFIZ FAROOQ | 407 () | 242-3654 | |
| | Name of Person | Area Code | Daytime Telephone Number | |
| Enclosed | I is a check for the following amount: | | | |
| | Filing Fee \$130.00 Filing Fee & Certificate of Status | Certifie | o Filing Fee & S160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed) | d) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |) (2 | Street Address New Filing Section Division of Corporations Cliffon Building 266 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | .5 | | | | | |
|---|--|---|---|-----------------------|--------------------|---|
| The name of the Limited Liability | y Company is: | | | | | |
| MANDI KING LL | | | | | | |
| (Must conta | in the words "Limited | Liability Company, | "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street ac | ldress of the principal o | ffice of the Limited | Liability Company is: | | | |
| <u>Princip:</u> | <u>ll Office Address</u> : | | Mailing Address: | | | |
| 9430 BECKER CT | | 9430 | BECKER CT | | | |
| ORLANDO FL 3282 | 27 | | ANDO FL 32827 | | | |
| | | | | | | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a | cannot serve as its own ctive Florida registration | Registered Agent. on.) I agent are: Name | t's Signature: You must designate an individual | | 18 JAN 29 PH 4: 42 | |
| | Florida street addres | s (P.O. Box <u>NOT</u> a | deeptable) | - : - : | Ŧ. | _ |
| | ORLANDO | FL | 32832 | | 42 | |
| | City | State | Zip | | | |
| Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob | I hereby accept the app ovisions of all statutes re ligations of my position | ointment as register clating to the proper | ed agent and agree to act in this ca r and complete performance of my a as provided for in Chapter 605, F.S | ipacity. duties, a | 1 | |

(CONTINUED)

| | Name and A | MAIL KARL |
|--|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | | |
| MGR | HAFIZ FAR | 000 |
| | | K ROW COURT |
| | ORLANDO | |
| 1460 | 41104111 | CAZDEED |
| MGR | | SAGHEER |
| | 9430 BECK | |
| | ORLANDO | FL 32827 |
| | | |
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| | | |
| (Use attachment if necessary) | | |
| ose underment it necessary; | | |
| ctive date is listed, the date must be speci f filing.) | fic and cannot be m | ore than five business days prior to or 90 |
| ctive date is listed, the date must be speci f filing.) the date inserted in this block does not med nent's effective date on the Department of | fic and cannot be meet the applicable state | ore than five business days prior to or 90 |
| E V: Effective date, if other than the date of ective date is listed, the date must be special filing.) the date inserted in this block does not mediant's effective date on the Department of E VI: Other provisions, if any. | fic and cannot be meet the applicable state | ore than five business days prior to or 90 |
| ective date is listed, the date must be speci f filing.) the date inserted in this block does not med nent's effective date on the Department of | fic and cannot be meet the applicable state | ore than five business days prior to or 90 |
| ctive date is listed, the date must be speci f filing.) the date inserted in this block does not med nent's effective date on the Department of | et the applicable state State's records. | ore than five business days prior to or 90 doory filing requirements, this date will not |
| ctive date is listed, the date must be speciffiling.) the date inserted in this block does not medient's effective date on the Department of EVI: Other provisions, if any. | et the applicable state State's records. | ore than five business days prior to or 90 doory filing requirements, this date will not |
| ctive date is listed, the date must be specifilling.) the date inserted in this block does not medinent's effective date on the Department of EVI; Other provisions, if any. REQUIRED SIGNATURE: | et the applicable state State's records. | ore than five business days prior to or 90 dory filing requirements, this date will not describe the description of a member. |
| ctive date is listed, the date must be specifilling.) the date inserted in this block does not mediant's effective date on the Department of EVI; Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed | et the applicable state State's records. Ad did ber or an authorize I in accordance with | d representative of a member. section 605.0203 (1) (b), Florida Statutes. |
| ctive date is listed, the date must be specifiling.) the date inserted in this block does not mediant's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third charges for | et the applicable state. State's records. ber or an authorize accordance with a formation submitted slowy as provided for | d representative of a member. section 605.0203 (1) (b). Florida Statutes. In a statute of the Department of State |
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| ctive date is listed, the date must be specifiling.) the date inserted in this block does not mediant's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third charges for | the applicable state State's records. ber or an authorized in accordance with accordance with a provided for Typed or printed nar Filing Fees: | d representative of a member. section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State in s.817.155, F.S. |