

L18000040155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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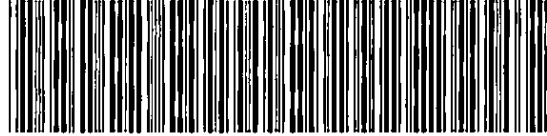
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 16 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AREA 13, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.

Firm/Company

3520 THOMASVILLE ROAD, FOURTH FLOOR

Address

TALLAHASSEE, FLORIDA 32309

City/State and Zip Code

na-im@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK

850

893-4105

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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2018 FEB 16 AM 10:00
SECRETARY OF STATE
-TALLAHASSEE, FLORIDA-

ARTICLES OF ORGANIZATION OF AREA 13, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **AREA 13, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **404 W Virginia St Tallahassee, Florida 32301**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **404 W Virginia St Tallahassee, Florida 32301**. Such address may be changed from time to time as provided in the Operating Agreement.

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6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: Na'im Majeed, and the initial, registered office is located at **404 W Virginia Street Tallahassee, Florida 32301.**

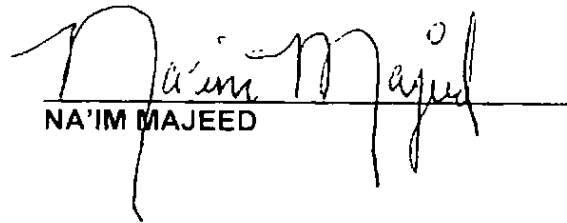
7. **MANAGEMENT.**

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Na'im Majeed
404 W Virginia Street
Tallahassee, Florida 32301

Kaaba Majeed
404 W Virginia Street
Tallahassee, Florida 32301

EXECUTED at Tallahassee, Leon County, Florida this ____ day of February, 2018.


NA'IM MAJEED

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TALLAHASSEE, FLORIDA

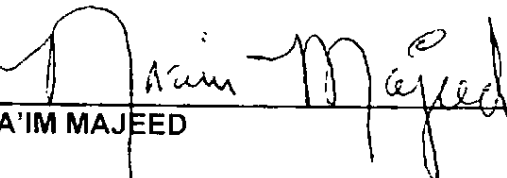
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **AREA 13, LLC.**
2. The name of the registered agent and office is: **NA'IM MAJEED, 404 W Virginia Street Tallahassee, Florida 32301.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.


NA'IM MAJEED

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TALLAHASSEE, FLORIDA