Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 120000000019 Phone

: (305)552-5973

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Email Address:

FLORIDA LIMITED LIABILITY CO. ARBER BALANI LLC

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	EI-Name:	
The name	e of the Limited Liability Company is: (Must end with the words Limited Liability)	Company
_	ARBER BALANI LLC	
ARTICL The mails Company	4400 HILLCREST Dr	iability
	APT 609	<b></b>
	HOLLY WOOD FL. 33021	<del>-</del>
тие цацу Сотратува	E III - Registered Agent, Registered Office:  e and the Florida street address of the registered agent are: (The Limited nnot serve as its own Registered Agent. You must designate an individual or another busing the Florida registration.)	d Liability ness entity
	ARBER BALANI	
		5+100
	Hollywood FL 33021	. •
ARTICLI The name Liability (	E IV- and title of each person authorized to manage and control the Limit Company:	.ed
	Arber Balani	
	(AMBR)	-
		-
•		•
		-
•		•
-		• :

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Required Signatures:

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.

Typed or printed name of signee

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.

Registered Agent's Signature (REQUIRED)

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