

L18000148249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

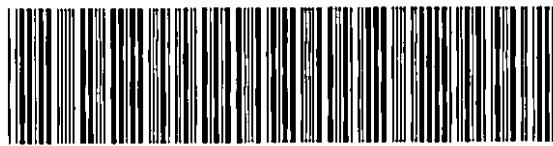
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Azahar 850 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:

Amanda P. Wall
Name of Person

Name of Person

C/O WOLLERMANN

Firm/Company

2984 WELLINGTON CIRCLE

TALLAHASSEE, FL 32309

Address

City/State and Zip Code

City/State and Zip Code
amanda.wallace@comcast.net

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

For further information concerning this matter, please call:

Amanda Wall at (850) 570 2863
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Mailing Address

**New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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 I - Name:

The name of the Limited Liability Company is:

azahar850 LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

C/O WOLLELMANN
2984 WELLINGTON CIRCLE
TAI AHASSEE FL 32309

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:

Amanda F. Wall
Name

Name:

Florida street address (P.O/Box NOT acceptable)

City _____ State _____ Zip _____

City _____ State _____

Zip

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, and 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. .

obligations of my position as registered agent as provided for in Chapter 174.

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U.S. DISTRICT COURT
CLERK'S OFFICE
ATLANTA, GA

(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

AMBR

Name and Address:

Amanda P. Wall

C/O WOLLELMANN

2984 WELLINGTON CIRCLE

TALLAHASSEE, FL 32309

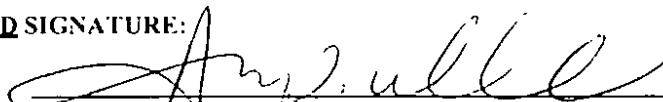
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Amanda P. Wall

Typed 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)