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COVER LETTER

	w Filing Section vision of Corporations				
SUBJECT:	TAMPA EXPORT, LLC				
	Name of Limited Liability Company				
The enclose	ed Articles of Organization and fee(s)	are submitted t	or filing.		
Please retur	n all correspondence concerning this	matter to the fo	llowing:		
	IBRAHIM M DAHMOOS				
	* ·	Name of I	Person		
	TAMPA EXPORT, LLC				
		Firm/Cor	npany		
	7320 E. FLETCHER AVE				
		Addre	SS		
	TAMPA, FL 33637				
Т	ГАХАСТ99@ҮАНОО.СОМ	City/State and	Zip Code		
_	E-mail address: (to be us	sed for future ar	nnual report notification)		
For further in	formation concerning this matter, ple	ase call:			
	IBRAHIM M DAHMOOS	813	200-8975		
-	Name of Person		Daytime Telephone Number		
Enclosed is	a check for the following amount:				
\$125.00 Fil	S130.00 Filing Fee & Certificate of Status	Certific	Stiling Fee & Stiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	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

TAMPA EXPOR (Must of ARTICLE II - Address: The mailing address and street	contain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		zaomy comp	, 5.6.6., 6. 226.)	
THE HIGHING ACCURES AND SHE	ot addrage of the principal of	effica af the Lin	dead Cinkiller Communication	
	er address of the principal c	nnce of the 13th	nted Liaomty Company is:	
<u>Prin</u>	ncipal Office Address:		Mailing Address:	
7320 E. FLETCH	7320 E. FLETCHER AVE		7320 E. FLETCHER AVE	
TAMPA, FL 336	37	·	TAMPA, FL 33637	
				
The name and the Florida str	IBRAHIM M DAHM	_		
	7320 E. FLETCHER AVE			
	Florida street addres	ss (P.O. Box <u>N(</u>	M acceptable)	
	TAMPA	FL	33637	
	City	State	Zip	
			r the above stated limited liability coi	ninany at the

(CONTINUED)

CIBLITA CINB MA E- MAL BIOS TANK BU YRATBAGGS TA ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager AMBR	IBRAHIM M DAHMOOS
		7320 E. FLETCHER AVE TAMPA, FL 33637
	AP	FADI IBRAHIM 7320 E. FLETCHER AVE
		TAMPA, FL 33637
	(Use attachment if necessary)	
If an o he dat <u>Note:</u>	effective date is listed, the date must be specifi te of filing.)	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.
	CLE VI: Other provisions, if any.	
	DEQUIDED CICNATUDE	
	REQUIRED SIGNATURE:	er or an authorized representative of a member

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.

IBRAHIM M DAHMOOS

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)

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