Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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# FLORIDA LIMITED LIABILITY CO. NASS ENTERPRISES LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SEGRETARY OF STATE TALLAHASSEE, REORIDA

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### NASS ENTERPRISES LLC.

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

#### **ARTICLE II - Address:**

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

MAILING ADDRESS: 408 DUFF DRIVE

WINTER GARDEN FL. 34787

PHYSICAL ADDRESS: 408 DUFF DRIVE

WINTER GARDEN FL. 34787

#### 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:

### **IMTIAZ KHAN 408 DUFF DRIVE** WINTER GARDEN FLORIDA 34787

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..

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## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager
"MGRM" = Managing Member

IMTIAZ KHAN- AMBR 408 DUFF DRIVE WINTER GARDEN FLORIDA 34787

BIBI S. KHAN – MGRM 408 DUFF DRIVE WINTER GARDEN FLORIDA 34787

(If an effective date is listed, the date must be specific and cannot be more than five	D19  Busine  Arc	89 FEB	
REQUIRED SIGNATURE:  Muse Signature of a member or an authorized representative of a member.	HARY OF STATE	1-7 AM 9:03	

(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.

IMTIAZ KHAN	
Typed or printed name of signee	_