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### COVER LETTER

	ew Filing Section ivision of Corporations		
eup irze	EN BLACK LLC		
SUBJECT	Name of Limited Liability Company		
The enclos	sed Articles of Organization and fee(s) are submitted for filing.		
Please reti	orn all correspondence concerning this matter to the following:		
	MAHMOUD SAAD		
	Name of Person	-	
	EN BLCK LLC		
	Firm/Company	-	
	8715 QUIET MEADOWS TRL		
	Address	-	
	WINDERMERE, FL 34786		
	City/State and Zip Code ORLANDOGMCENTER@AOL.COM	_	
	E-mail address: (to be used for future annual report notification)	19 F	
For further	information concerning this matter, please call:	<u>6</u>	
	MAHMOUD SAAD 407 615 9279	1 1	300 M
	Name of Person Area Code Daytime Telephone Number	ÿ ∡	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed	is a check for the following amount:	52	
	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section		

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

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liability	y Company is:		
EN BLACK LLC			
(Must conta	ain the words "Limited Liab	ility Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street ac	ddress of the principal office	of the Limited L	iability Company is:
<u>Princips</u>	al Office Address:		Mailing Address:
8715 QUIET MEAD	OWS TRL	8715	QUIET MEADOWS TRL
WINDERMERE, FL 34786		<del>-</del>	
ARTICLE III - Registered Age	ent, Registered Office, & R	tegistered Agent	DERMERE, FL 34786  's Signature: ou must designate an individual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & R cannot serve as its own Reg active Florida registration.)	tegistered Agent gistered Agent. Y	
ARTICLE III - Registered Age The Limited Liability Company	ent, Registered Office, & R cannot serve as its own Reg active Florida registration.) address of the registered ago	tegistered Agent gistered Agent. Y	's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & Recannot serve as its own Registrive Florida registration.) address of the registered ago	tegistered Agent gistered Agent. Y ent are:	's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & Recannot serve as its own Registrive Florida registration.) address of the registered ago	tegistered Agent gistered Agent. Y	's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & Recannot serve as its own Registrive Florida registration.) address of the registered ago	tegistered Agent gistered Agent. Y ent are: ER INC	's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & Recannot serve as its own Registerive Florida registration.) address of the registered ago GM BUSINESS CENTE	tegistered Agent gistered Agent. Y ent are: ER INC ame	e's Signature: ou must designate an individual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & Recannot serve as its own Registrive Florida registration.) address of the registered age GM BUSINESS CENTE No. 378 CENTER POINTE 0	tegistered Agent gistered Agent. Y ent are: ER INC ame CIR STE 1272 .O. Box NOT ac	e's Signature: ou must designate an individual of

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-Signaturo (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	MAHMOUD SAAD
TOPOTO.	8715 QUIET MEADOWS TRL
	WINDERMERE, FL 34786
MGR	SAMEH ABDELMALAK
MOK	5983 SPARTINA WAY
	ORLANDO, FL 32824
MGR	SAMIR SHEHATA
WOK	221 AQUA WAY
	OVIEDO, FL 32765
MGR	YOUSSEF SALAMA
WOR	8354 KELSALL DR
	ORLANDO, FL 32832
(Use attachment if necessary)	
FIGLE V: Effective date, if other than	the date of filing: (OPTIONAL)
n effective date is listed, the date mu	ust be specific and cannot be more than five business days prior to or 90 days after
date of filing.)	
te: If the date inserted in this block d	oes not meet the applicable statutory filing requirements, this date will not be listed a
document's effective date on the Dep	
TICLE VI: Other provisions, if any.	_
<del></del>	
REOUIRED SIGNATURE:	
	the state of
Diameter 1	e of a member or an authorized representative of a member.
Signatur This document	is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
1 am aware that	any false information submitted in a document to the Department of State
	ird degree felony as provided for in s.817.155, F.S.

MAHMOUD SAAD

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)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	MOHAMED ELADAWY
	6608 S GOLDEN RD B
	ORLANDO, FL 32822
MGR	MAHMOUD ELADAWY
MON	6608 S GOLDEN RD B
	ORLANDO, FL 32822
	A CATLANDANI PLATAANIN'
MGR	MARAWAN ELADAWY
	6608 S GOLDENROD RD UNIT B
	ORLANDO, FL 32822
MGR	MARIAN MAKAR
	245 LEXINGDALE DR
	ORLANDO, FL 32828
(Use attachment if necessary)	
CLE V: Effective date if other than the date of	filing: (OPTIONAL)
effective date is listed, the date must be specif	fic and cannot be more than five business days prior to or 90 days after
te of filing.)	,
If the date inserted in this block does not med	t the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of	
·	
CLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Moly	
Signature of a mem	ber or an authorized representative of a member.
Signature of a mem This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

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- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	CEORCE DAWOLID
MGR	GEORGE DA WOUD 417 SUN LAKE CIR APT 101
	LAKE MARY, FL 32746
	EARE MART, TE 32740
MGR	SAMEH SEFEIN
	11315 ISLE OF WATERBRIDGE 105
	ORLANDO, FL 32837
MGR	GALAL GALAL
	12310 MUSTARD ST
	ORLANDO, FL 32837
MGR	HANY ABDELMALAK
WCK	1183 COASTAL CIR
	OCOEE, FL 34761
	00011,17231701
(Use attachment if necessary)	
A DELCT C. M. Defraction date if other than the date of filings	(OPTIONAL)
ARTICLE V: Effective date, if other than the date of filing:	I cannot be more than five business days prior to or 90 days after
the date of filing.)	Cambe be more than tive business days prior to or 70 days arec
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's	
the document 5 effective date on the 12 phillips of that 1	, , , , , , , , , , , , , , , , , , , ,
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
Malate	
Signature of a member or	an authorized representative of a member.
This document is executed in acc	cordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false informa	ttion submitted in a document to the Department of State
constitutes a third degree felony a	as provided for in s.817.155, F.S.

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)

MAHMOUD SAAD

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	USAMA KWLESS
	6044 BENT PINE DR, APT 3338
	ORLANDO, FL 32822
MGR	KARIM KADRY
<del></del>	2847 HOFFMAN DR
	ORLANDO, FL 32837
<del></del>	
(Use attachment if necessary)	
ADDRESS PRO COLLAR COLL AL ALARMAN AND AL ALARMACH	(ORTIONAL)
ARTICLE V: Effective date, if other than the date of filing:	cannot be more than five business days prior to or 90 days after
the date of filing.)	Cannot be more than five business days prior to or 70 days after
	pplicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's	
ADTICLE VI. Other requisions (Conv.	
ARTICLE VI: Other provisions, if any.	
DECLUBED SIGNATURE	
REOUIRED SIGNATURE:	
	an authorized representative of a member.
	ordance with section 605.0203 (1) (b), Florida Statutes.
t am aware that any talse informat constitutes a third degree felony as	ion submitted in a document to the Department of State
constitutes a time degree felony as	5 provided for in 3.017.155, 1.5.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

MAHMOUD SAAD

\$ 5.00 Certificate of Status (Optional)