19000110831

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ad | dress) | - |
| | | |
| (Ad | dress) | |
| · | · | |
| (Cit | ty/State/Zip/Phone | 2 #N |
| | | , |
| PICK-UP | WAIT | MAIL |
| | · | |
| (Bu | isiness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| · <u></u> | _ | |
| | . | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| L | | |

Office Use Only



200328154232

05/01/19--01008---003 **125.00

2019 HAY - 1 AM 11: 41

COVER LETTER

| | New Filing Section Division of Corporations | | |
|-------------|--|---|------------|
| CUBICO | ASH'S IMPORTS AND | EXPORTS LLC | |
| SUBJEC | | Name of Limited Liability Company | |
| The enclo | sed Articles of Organization a | and fee(s) are submitted for filing. | |
| Please ret | urn all correspondence conce | rning this matter to the following: | |
| | ASH YACOUB | | |
| | | Name of Person | |
| | | | |
| | | Firm Company | |
| | 3786 WOODBURY HILL | LOOP | |
| | | Address | _ |
| | LAKELAND, FL 33810 | | Y DAT |
| | EABULABAN@COMCAS | City/State and Zip Code | |
| | | (to be used for future annual report notification) | |
| For further | information concerning this m | natter, please call: | KIJ 11: 23 |
| | ASH YACOUB | 813 731-3137 | 7,7 |
| | Name of Person | Area Code Daytime Telephone Number | |
| Enclosed | is a check for the following ar | mount! | |
| \$125.00 F | | ng Fee & S155.00 Filing Fee & S160.00 Filing Fee. | cd) |
| | Mailing Address New Filing Section Division of Corporati P.O. Box 6327 | Street Address New Filing Section Ons Division of Corporations Clifton Building | |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | | T 7 1 | |
|---|----|----|-------|------------|
| А | Кŀ | КП | .P. I | la me: |

The name of the Limited Liability Company is:

ASH'S IMPORTS AND EXPORTS 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:

| WOODBURY HILL LOOP |
|--------------------|
| ELAND, FL 33810 |
| |

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:

| MOE Y ACOUB | | |
|-----------------------|-----------------------------------|------------|
| | Name | |
| 3786 WOODBURY | HILLLOOP | |
| Florida street addres | ss (P.O. Box <u>NOT</u> ac | cceptable) |
| LAKELAND _ | H. | 33810 |
| City | State | Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability companyin 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)

(CONTINUED)

ARTICLE IV-

| E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. | | Name and Address: |
|--|--|--|
| (Use attachment if necessary) (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTI | | |
| (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records. ICLE 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 bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and the provisions of State's recordance with section bus, 2020 (1) (b). Florida Status (1) and 2020 (1) and 202 | | 400.440000 |
| (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: | MGK | |
| (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: offective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after attention of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records. ICLE 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 and a document to the Department of States. | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | - | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| ICLE V: Effective date, if other than the date of filing: | | |
| reffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after ate of filing.) End the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument is effective date on the Department of State is records. ICLE 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 Statute and authorized representative of the Department of State is a member of state in a document to the Department of State is a member of state in a document to the Department of State is a member of state in a document to the Department of State is a member of state in a document to the Department of State is a member of state in the state in the prior of the prior of state is a member of state in the prior of state is a member of state in the prior of state is a member of state in the prior of state is a member of state in the prior of state is a member of state in the prior of state in the prior of state is a member of state in the prior of state in the prior of state is a member of state in the prior of state in the prior of state is a member of state in the prior of | (Use attachment if necessary) | |
| reffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after ate of filing.) End the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument is effective date on the Department of State is records. ICLE 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 Statute and authorized representative of the Department of State is a member of state in a document to the Department of State is a member of state in a document to the Department of State is a member of state in a document to the Department of State is a member of state in a document to the Department of State is a member of state in the state in the prior of the prior of state is a member of state in the prior of state is a member of state in the prior of state is a member of state in the prior of state is a member of state in the prior of state is a member of state in the prior of state in the prior of state is a member of state in the prior of state in the prior of state is a member of state in the prior of state in the prior of state is a member of state in the prior of | | |
| REOURED 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 am aware that any false information submitted in a document to the Department of State. | | |
| If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REOURED 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 Statute I am aware that any false information submitted in a document to the Department of State I | TCLE V: Effective date, if other than the da | te of filing: |
| REOUIRED 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 Statute of a member are an authorized representative of a member. | n effective date is listed, the date must be | te of tiling: |
| REOUIRED 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 Statute of a member are an authorized representative of a member. | n effective date is listed, the date must be late of filing.) | specific and cannot be more than five business days prior to or 90 days afte |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute of am aware that any false information submitted in a document to the Department of State 2. | n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does no | specific and cannot be more than five business days prior to or 90 days afte t meet the applicable statutory filing requirements, this date will not be listed |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute of am aware that any false information submitted in a document to the Department of State 2. | n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does no | specific and cannot be more than five business days prior to or 90 days afte t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statut R5 I am aware that any false information submitted in a document to the Department of State R5 | n effective date is listed, the date must be late of filing.) E. If the date inserted in this block does no locument's effective date on the Department. | specific and cannot be more than five business days prior to or 90 days afte t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statut R5 I am aware that any false information submitted in a document to the Department of State R5 | n effective date is listed, the date must be ate of filing.) 11. If the date inserted in this block does no locument's effective date on the Department. | specific and cannot be more than five business days prior to or 90 days afte t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statut R5 I am aware that any false information submitted in a document to the Department of State R5 | n effective date is listed, the date must be late of filing.) E. If the date inserted in this block does no locument's effective date on the Department. | specific and cannot be more than five business days prior to or 90 days afte t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statut R5 I am aware that any false information submitted in a document to the Department of State R5 | n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does no | specific and cannot be more than five business days prior to or 90 days afte t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 1 am aware that any false information submitted in a document to the Department of State 2. | n effective date is listed, the date must be ate of filing.) E. If the date inserted in this block does no locument's effective date on the Department of t | specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed nt of State's records. |
| | n effective date is listed, the date must be ate of filing.) E. If the date inserted in this block does no locument's effective date on the Department of t | specific 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 it of State's records. |
| | n effective date is listed, the date must be ate of filing.) E. If the date inserted in this block does no locument's effective date on the Department of t | specific 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 not of State's records. |
| | n effective date is listed, the date must be ate of filing.) E. If the date inserted in this block does no locument's effective date on the Department ICLE VI: Other provisions, it any. REQUIRED SIGNATURE: | specific 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 it of State's records. |
| constitutes a third degree felony as provided for in s.817.155, F.S. | REOUIRED SIGNATURE: Signature of a r This document is executive and security and | meet the applicable statutory filing requirements, this date will not be listed at of State's records. |
| | REOUIRED SIGNATURE: Signature of a This document is executed an aware that any fa | meet the applicable statutory filing requirements, this date will not be listed at of State's records. The member of an authorized representative of a member, stated in accordance with section 605.0203 (1) (b), Florida Statute is information submitted in a document to the Department of State information submitted in a document information submitted in a docume |
| | REOUIRED SIGNATURE: Signature of a r This document is exect an aware that any fa | meet the applicable statutory filing requirements, this date will not be listed at of State's records. The member of an authorized representative of a member, stated in accordance with section 605,0203 (1) (b), Florida Statute is information submitted in a document to the Department of State in the section of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State in the section of the se |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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