

10-May-2019 10:52

+14072980660

p.1

4/30/2019

L19000121465

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000142257 3)))



H1S0001422573ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : A.A.ALT, CPA
Account Number : I20000000192
Phone : (407)298-3900
Fax Number : (407)298-0660

*2nd Request
5/10/19*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
AZA PROPERTY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2019 MAY 10 AM 10:16

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 13 2019

((H19000142257 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

AZA PROPERTY 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: 221 KILLINGTON WAY
ORLANDO, FLORIDA 32835**

**PHYSICAL ADDRESS: 221 KILLINGTON WAY
ORLANDO, FLORIDA 32835**

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:

**ZULFICAR GHANIE
221 KILLINGTON WAY
ORLANDO, FLORIDA 32835**

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..


ZULFICAR GHANIE / Registered Agent's Signature

((H19000142257 3)))

((H19000142257 3)))

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

**ZULFICAR GHANIE- AMBR
221 KILLINGTON WAY
ORLANDO, FLORIDA 32835**

**ARSHENA GHANIE INSHAN - MGRM
221 KILLINGTON WAY
ORLANDO, FLORIDA 32835**

ARTICLE V: Effective date, if other than the date of filing: 4-30-2019

(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.)

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read 'Zulficar Ghanie', is written over a horizontal line.

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

(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.)

ZULFICAR GHANIE

Typed or printed name of signee

((H19000142257 3)))