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## **COVER LETTER**

	ew Filing Section ivision of Corporations	130 CT -3	by 3: 5
	Hi Hello Sura LLC	1.5 -	
SUBJECT	Name of Limited Liability Company	<del></del>	
The enclos	ed Articles of Organization and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this matter to the following:		
	Sura Al-Naimi		
	Name of Person		
	Firm/Company		
	155 South Court Avenue APT # 2108		
	Address	·	
	Orlando, Florida, 32801		
	City/State and Zip Code sura@hihellosura.com		
-	E-mail address: (to be used for future annual report notification)	)	
For further is	nformation concerning this matter, please call:		
	Sura Al-Naimi 1-858- 735-7432		
	Name of Person Area Code Daytime Telephone N	umber	
Enclosed is	a check for the following amount:		
<b>]\$1</b> 25.00 Fi	Certificate of Status ——Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy additional copy	Status &

## **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

The name of the Limited Liability	Company is:		13 OCT -8 PH 3: 2:	
			13067-8 111	
<del></del>		ello Sura LLC		
(Must contai	n the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	tress of the principal of	ffice of the Limited	Liability Company is:	
-	Office Address:		Mailing Address:	
155 South Court Ave	155 South Court Avenue APT # 2108		155 South Court Avenue APT # 2108	
Orlando, Flor	ida, 32801		Orlando, Florida, 32801	_
	S	A1 NT-::		
		Sura Al-Naimi Name		
			Γ#2108	
		Name Court Avenue AP	<del></del>	
	155 South C	Name Court Avenue AP	<del></del>	
	155 South (	Name Court Avenue AP s (P.O. Box NOT a	cceptable)	

(CONTINUED)

	Name and Address:	13 OCT -8 PH 3: 25
"MGR" = Manager	0 4131	
AMBR	Sura Al-Nai	
	Orlando, Flo	venue APT # 2108
	Ottatido, Fio	110a, 52001
(Use attachment if necessary)		
(Use attachment if necessary)  TCLE V: Effective date, if other than the date of a effective date is listed, the date must be speciate of filing.)  E: If the date inserted in this block does not make the date of the Department o	cific and cannot be more than five be eet the applicable statutory filing req	ousiness days prior to or 90 days af
TCLE V: Effective date, if other than the date of a effective date is listed, the date must be speate of filing.)  E: If the date inserted in this block does not me	cific and cannot be more than five be eet the applicable statutory filing req	ousiness days prior to or 90 days af
TCLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)  E: If the date inserted in this block does not melocument's effective date on the Department of TCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is executed I am aware that any false	cific and cannot be more than five be eet the applicable statutory filing req	ve of a member.  3 (1) (b), Florida Statutes.  to the Department of State

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

ARTICLE IV-

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