

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L20000012070**

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To:

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

From:

Account Name : AVA FINANCIAL CONSULTANTS INC  
Account Number : I20170000094  
Phone : (954)842-1979  
Fax Number : (954)905-4315

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

Email Address: avesta.usa@gmail.com

RECEIVED  
2020 JAN 17 PM 5:01  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

2020 JAN 17 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FLORIDA LIMITED LIABILITY CO.  
BISMILLAH 2020 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

TO: New Filing Section  
Division of Corporations

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2/4

SUBJECT: BISMILLAH 2020 LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MUNIMUL MUNTAKIM

Name of Person

BISMILLAH 2020 LLC

Firm/Company

4120 NW 21ST STREET

Address

LAUDERHILL, FL 33313

City/State and Zip Code

avesta.usa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUNIMUL MUNTAKIM

954

667-5840

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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3/4

BISMILLAH 2020 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:

Principal Office Address:

Mailing Address:

4120 NW 21ST STREET  
LAUDERHILL, FL 33313

4120 NW 21ST STREET  
LAUDERHILL, FL 33313

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:

MUNIMUL MUNTAKIM

Name

4702 NW 50TH CT

Florida street address (P.O. Box **NOT** acceptable)

<u>TAMARAC</u>	<u>FL</u>	<u>33319</u>
City	State	Zip

*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..*

Munimul Muntakim

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

ARTICLE IV-

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

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4/4

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MUNIMUL MUNTAKIM

4702 NW 50TH CT

TAMARAC, FL 33319

AMBR

MOHAMMAD A. HOSSAIN

11195 NW 21ST PLACE

CORAL SPRINGS, FL 33071

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

*Munimul Muntakim*

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. 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.

MUNIMUL MUNTAKIM

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)