

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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**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.

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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: hague561@bellsouth.net

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN 29 PM 1:09

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**FLORIDA LIMITED LIABILITY CO.**

**KABITA ENTERPRISES LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

FLORIDA DEPARTMENT OF  
CORPORATIONS  
COMMERCIAL  
SERVICES

2020 JAN 29 PM 12:30

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*[Handwritten signature]*

COVER LETTER

TO: New Filing Section  
Division of Corporations

H200000330303

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SUBJECT: KABITA ENTERPRISES 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:

MOHAMMED N. HAQUE

Name of Person

1018 ASPRI WAY

Firm/Company

RIVIERA BEACH, FL 33418

Address

561-827-6331

City/State and Zip Code

haque561@bellsouth.net

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

For further information concerning this matter, please call:

MOHAMMED N. HAQUE

561

827-6331

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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KABITA ENTERPRISES 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:

903 PARK AVE  
LAKE PARK, FL 33403

Mailing Address:

1018 ASPRI WAY  
RIVIERA BEACH, FL 33418

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:

MOHAMMED N. HAQUE

Name

1018 ASPRI WAY

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

RIVIERA BEACH      FL      33418

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.*

Mohammed N. Haque

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MOHAMMED N. HAQUE

1018 ASPRI WAY

RIVIERA BEACH, FL 33418

(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:**

*Mohammed N. Haque*

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.

MOHAMMED N. HAQUE

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)

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TALLAHASSEE, FL

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