2/6/2020

Division of Corporations

Florida Department of State

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.

(((H20000042673 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Sharjah 2, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

123 07 7070

RTICLE I - Name:	
he name of the Limited Liability Company is:	
Sharjah 2, LLC	
(Must end with the words "Limited Liab	oility 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:
c/o WithumSmith+Brown, PC	e/o WithumSmith+Brown, PC
200 S Orange Ave #1200	200 S Orange Ave #1200
Orlando, FL 32801	Orlando, FL 32801
RTICLE III - Registered Agent, Registered Office, & Ro	
mother business entity with an active Florida registration.)	
another business entity with an active Florida registration.) The name and the Florida street address of the registered ager	nt are;
mother business entity with an active Florida registration.)	nt arc:
W-2-10	nt are:

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 positionary registered agent as provided for in Chapter 605, F.S..

FL

State

Boca Raton

City

Registered Agent's Signature (REQUIRED)

33432

Zip

(CONTINUED)

Page 1 of 2

ARTICLE IV-

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Sheik Mohammed Bin Abdulla	Villa 210, Al Jazzat, SHK Mohmme Bin
Bin Mohammed Sagr Al Qassimi - MGR	Sagr Al Qassimi Street, Sharjah, UAE
·	
Mohammed Basel Kakah- MGR	Apt. 1305, Riviera Tower
TIME WILLIAM CONTRACTOR TO THE TENTON OF THE	Buheriah Corniche, Sharjah, UAE
Omro Ibrahim Kakah - MGR	And 2001 All Direct Tours
Offilo Idiamin Nakari - Work	Apt. 2501, Al Durrah Tower
	Buheriah Corniche, Sharjah, UAE
(Use attachment if necessary)	
•	(ODTIONAL)
CLE V: Effective date, if other than the date of filing	ng: (OPTIONAL)
CLE V: Effective date, if other than the date of filit effective date is listed, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days afte
CLE V: Effective date, if other than the date of filine effective date is listed, the date must be specific at the of filing.)	and cannot be more than five business days prior to or 90 days afte
CLE V: Effective date, if other than the date of filine effective date is listed, the date must be specific at the of filing.) If the date inserted in this block does not meet the	and cannot be more than five business days prior to or 90 days aften the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at te of filing.) If the date inserted in this block does not meet the current's effective date on the Department of States.	and cannot be more than five business days prior to or 90 days aften the applicable statutory filing requirements, this date will not be listed
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CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at te of filing.) If the date inserted in this block does not meet the neument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a lam aware that any false information.	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 to's records. Or an authorized representative of a member.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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