

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

**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.

Sharjah 4, LLC

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

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMPIED LIABILITY COMPANY

ARTICLESOFORGANIZATION FOR FLOS	
ARTICLE 1 - Nume:	
The name of the Limited Liability Company is:	
Sharjah 4, LLC	
(Must end with the words "Limited Lia	bility 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:
The maning addition and an arrangement are provided in	, , ,
Principal Office Address:	Mailing Address:
c/o WithumSmith+Brown, PC	c/o WithumSmith+Brown, PC
200 S Orange Ave #1200	200 S Orange Ave #1200
Orlando, FL 32801	Orlando, Fl. 32801
ARTICLE III - Registered Agent, Registered Office, & R	registered Agent's Signature
(The Limited Liability Company cannot serve as its own Reg	sistered Agent. You must designate an individual or
another business entity with an active Florida registration.)	5.0.0.00 1 (Bonn 1 0 1 mazo 2 m Brown 2 m m 2 m 2 m 2 m
and their trustices chary with an active received regionalism,	
The name and the Florida street address of the registered age	ent are:
David S. Neufeld, Esquir	те
Na	amc
1200 N. Federal Highway	y, Suite 312

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 proyided for in Chapter 605, F.S..

City

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

State

(CONTINUED)

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Registered Agent's Signature (REQUIRED)

Zip

ARTICLE IV- The name and address of each person authorized	d to manage and control the Limited Liability Company:
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	Saqr Al Qassimi Street, Sharjah, UAE
Mohammed.Basel Kakah- MGR	Apt. 1305, Riviera Tower
	Buheriah Corniche, Sharjah, UAE
Omro Ibrahim Kakah - MGR	Apt. 2501, Al Durrah Tower
	Buheriah Corniche, Sharjah, UAE
(Use attachment if necessary)	
the date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory tiling requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Mull
This document is executed in a 1 am aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, aution submitted in a document to the Department of State y as provided for in s.817.155, F.S.
David S. Neufeld, Esqui	ire
Турс	ed 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)