Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (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 5, LLC

Certificate of Status	Ü
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORI	IDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Sharjah 5, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
The maning address and su out desired of the principal control	, ,
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, & Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	ture:
David S. Neufeld, Esquire	
Nan	ne
1200 N. Federal Highway,	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 l am familiar with and accept the obligations of my position as registerest pgent as profitiged for in Chapter 605, F.S..

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

State

Boca Raton

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

	ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager Sheik Mohammed Bin Abdulla Bin Mohammed Sagr Al Qassimi - MGR	Villa 210, Al Jazzat, SHK Mohmme Bin Sagr Al Oassimi Street, Sharjah, UAE
	Bill including out / il docum / incl.	Sach Al Quishitt Succe, Sharfart, OAD
	Mohammed Basel Kakah- MGR	Apt. 1305, Riviera Tower Buheriah Corniche, Sharjah, UAE
	O No bive Websh MCD	
	Omro Ibrahim Kakah - MGR	Apt. 2501, Al Durrah Tower Buheriah Corniche, Sharjah, UAE
	(Use attachment if necessary)	
(If an e the dat <u>Note:</u> the do	effective date is listed, the date must be specific ar ie of filing.)	COPTIONAL) and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as 's records.
	The VI. One provisions, it any.	
	REQUIRED SIGNATURE:	WMhfl
	This document is executed in ac I am aware that any false inform	or an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes, lation submitted in a document to the Department of State as provided for in s.817.155, F.S.
	David S. Neufeld, Esquir	d 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)