

120020098564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

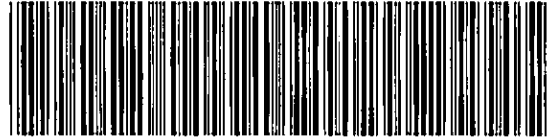
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800342767928

04/07/20 --01016--015 ++160.00

FILED
2020 APR -7 AM 8:45
STATE
JUL

J. FASON

APR 09 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VENUS LEASING 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:

ADNAN ASAD.

Name of Person

Firm/Company

5704 NW 27 PL

Address

GAINESVILLE FLORIDA - 32606

City/State and Zip Code

SHAKIRAHMED@VENUS-USA.COM

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

For further information concerning this matter, please call:

SHARIR AHMED at (954) 9344760

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VENUS LEASING 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:

2230 NW 57 TER
GAINESVILLE FL
32606

Mailing Address:

5704 NW 27 PL
GAINESVILLE
FL - 32606

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:

SHAKIR AHMED

Name

2230 NW 57 TER

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

GAINESVILLE FL-32606

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 APR -7 AM 8:45
STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

ADNAN ASAD

ANJUM ASAD

SAVEELA ASAD

SEHAR ASAD

Name and Address:

5704 NW 27 PL
GAINESVILLE FLORIDA
32606

5704 NW 27 PL
GAINESVILLE FLORIDA
32606

5704 NW 27 PL
GAINESVILLE FL
32606

5704 NW 27 PL
GAINESVILLE FL
32606

(Use attachment if necessary)

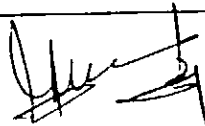
ARTICLE V: Effective date, if other than the date of filing: 03-24-2020 (OPTIONAL)

(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:



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.

SHARIR AHMIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

BABAR ASAD

SHUMAILA ASAD

SCCELLINA ASAD

Name and Address:

5704 NW 27 PL
GAINESVILLE FL
32606

5704 NW 27 PL
GAINESVILLE FL
32606

5704 NW 27 PL
GAINESVILLE, FL
32606

(Use attachment if necessary)

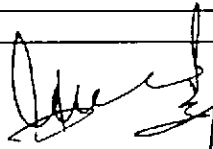
ARTICLE V: Effective date, if other than the date of filing: 03-24-2020 (OPTIONAL)

(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:



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.

SHAKIR AHMED

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)