# L20000339585

(F	Requestor's Name)
(/	Address)
(/	Address)
(3	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer

Office Use Only



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DIVISION OF CURPURATIONS
TALLAHASSEE, FLORIDA

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# CORPORATE When you need ACCESS to the world ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PICK	UP:	11/4 Glinda		
	CERTIFIED COPY				
xx	РНОТОСОРУ				
	CUS			 	
xx	FILING	LLC	·	 	···
•	BABATI LLC				
	(CORPORATE NAME AND DOCUME	NT #)			
2.				 - ··-	
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3.	CORPOR VES MANG AND DOCUM	-	- <del></del>	 	
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SPECIA	L				
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#### **COVER LETTER**

TO:	New Filing Section Division of Corporations				
SUBJEC	BABATI LLC				
501,01.		Name of Lin	nited Liabili	y Company	
The enci	osed Articles of Organizatio	n and fee(s) are	e submitted	for filing.	
Please re	eturn all correspondence conc	erning this ma	ntter to the fo	ollowing:	
	Ahmed Alzubaidi				
			Name of l	Person	
			Firm/Cor	npany	
	5115 S. Florida Avenue				
			Addre	SS	
	Lakeland, FL 33813				
	AA957@nova.edu	C	ity/State and	Zip Code	
	<del>_</del>	ss: (to be used	for future ar	inual report notificati	on)
For furthe	r information concerning this	matter, please	call:		
	Ahmed Alzubaidi	31	.3	333-5523	
	Name of Person			Daytime Telephone	
Enclosed	l is a check for the following	amount:			
■\$125.6	00 Filing Fee \$130.00 Certificate		Certifie		□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address			itreet Address Yew Filing Section Di	utotos
	New Filing Section Division of Corpora	itions	Т	he Centre of Tallaha	ssee
	P.O. Box 6327 Tallahassee, FL 321	314		415 N. Monroe Stree allahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BABATI LLC	<del></del>				
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the principal of	office of the Limited	Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Add	ress:	
2310 North Blvd. W.		5115	5115 S. Florida Ave.		
Suite H3		Lake	eland, FL 33813		
Davenport, FL 3	3837				
The name and the Florida st	•			,	2021
The name and the Florida st	_			<u>-</u> .	2020 HOV
The name and the Florida st	reet address of the registere	d agent are: Name		- - -	2020 HOV - 4
The name and the Florida st	reet address of the registered	d agent are: Name	cceptable)		2020 NOV -4 PM
The name and the Florida st	Ahmed Azubaidi  5115 S. Florida Ave	d agent are: Name	cceptable)		<del>7</del>
The name and the Florida st  Having been named as registe	Ahmed Azubaidi  5115 S. Florida Ave Florida street addres  Lakeland  City	Name ss (P.O. Box NOT ac	33813 Zip	S S STS	PM 3: 06

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Ahmed Alzubaidi 7 Lake Hollingsworth Dr
	Lakeland, FL 33803
	Lakeland, 1 L 55005
MGR	Haider Alzubaidi
MOK	5115 S. Florida Ave.
	Lakeland, FL 33813
attended to the second of the	
(Use attachment if necessary)	
ARTICLE V. Effective date if other than the	ne date of filing: October 15, 2020 (OPTIONAL)
	be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	be specific and cannot be more than five business days prior to or 70 days after
	s not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depar	
•	
ARTICLE VI: Other provisions, if any.	
	ter adopt an Operating Agreement setting forth all the terms, provisions,
conditions, and covenants by which the Co	mpany will be governed. The Company shall be manager-managed.
DESTINES CLOSE FRIDE	MIZ
REQUIRED SIGNATURE:	Mad 1 ====
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.
	by false information submitted in a document to the Department of State
	degree felony as provided for in s.817.155, F.S.
Ahmed Al	zubaidi Typed or printed name of signee
	i yped 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)