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PICK-UF	•	☐ WAIT		MAIL
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<u> </u>	(Doc	ument Numb	er)	
Certified Copies		Certifica	tes of S	Status
Special Instructions	to Fi	iling Officer:		

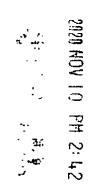
Office Use Only

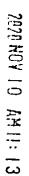


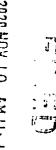
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ABADANI CONSU	JLTANTS, LI	LC	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
			Ficitious Owner Search
Signature			Vehicle Search
			Driving Record
D			UCC 1 or 3 File
Requested by: SETH			UCC 11 Search
Name	Date	Time	UCC Retrieval
Walk-In	Will Dick	Up	Courier
Walk-In		<u></u>	Country

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Abadani Consultants, 11c. 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:
Jean-Paul Steinberg
Firm/Company
10690 Anderson LN
City/State and Zip Gode D. Stein bord + Segman a Com Unfail address: (to be used for future Janual report notification)
For further information concerning this matter, please call:
Jour Paul at 774, 305 7471 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ S125.00 Filing Fee Certificate of Status Certificate of Status Cadditional copy is enclosed: S130,00 Filing Fee & Certificate of Status & Cer
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Abadan (cosal tarts, 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:	Mailing Address:
10690 Anderson LN	10690 Anderson LN
Lake Worth, FL 33449	Lakellorth, FL 33444

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:

Jean Paul Steinberg

Name

10690 Anderson LW

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

Lake Worth FL 33449

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..

d Alem Signature (REQUIRED)

(CONTINUED)

Titte: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager _M(-	Jean-Vaul Steinborg 10090 Anderson LU 10090 Anderson LU 10090 Anderson LU 10090 Horas LU
 	
(Use attachment if necessary)	
If an elfective date is listed, the date must be he date of filling.)	late of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE: Signapore of This document is ex-	thember or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any l constitutes a third de	false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)