

L20000345390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

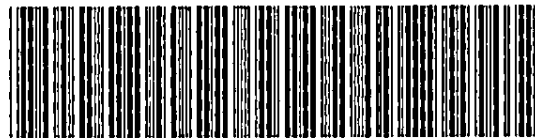
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/14/20--01014--008 **100.00

2020 AUG 14 PM 3:52
STATE
CLERK

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BANKERS COMPANIES LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAWN KHOSRAVI

Name of Person

Firm/Company

p. O. BOX 14-4849

Address

Coral Gables, Florida 33114

City/State and Zip Code

skhosravi@aol.com

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

For further information concerning this matter, please call:

Shawn Khosravi

305-992-0971

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite S10
Tallahassee, FL 32303

2023 NOV 14 PM 3:52
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BANKERS COMPANIES 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:

299 Alhambra Circle ste 404

Coral Gables Florida 33134

Mailing Address:

P.O. Box 14-4848

Coral Gables, Florida 33114

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:

Shawn Khosravi

Name

299 Alhambra Circle Ste 404

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

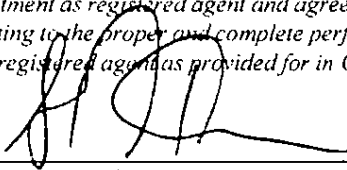
Coral Gables Florida 33134

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)

2020 Aug 14 PM 3:52
CFL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Shawn Khosravi MGR

P. O. Box 14-4848, Coral Gables, Florida 33134

SHAWN KHOSRAVI

(Use attachment if necessary)

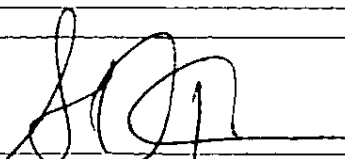
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

SHAWN KHOSRAVI

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)

2020 Feb 14 PM 3:52

OFFICE OF FINANCIAL REGULATION

CORPORATE NAME APPROVAL REQUEST

Pursuant to Section 655.922, Florida Statutes, no person other than a financial institution shall in this state transact business under any name or title that contains the words "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner.

A proposed corporate name should be definitive enough to differentiate the business to be conducted from that of a commercial bank, trust company, savings and loan association, savings bank, or credit union. For example, a mortgage-related business should use the word "mortgage" in its corporate name.

In order for OFR to consider your request for approval to use "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in your corporate title, and issue a no objection letter, please provide the following information:

- The corporate name proposed is: BANKERS COMPANIES LLC
- For Foreign Corporations: The alternate name (if necessary) is:

- The nature of the business to be transacted:
Real Estate Related Services. I currently own Bankers Real Estate Partners Inc. I used to have this co before many years ago.
- The proposed business will be located at:
299 Alhambra Circle #404 Coral Gables FL 33134
Street Address City State Zip Code Telephone
305-461-0667
- List the principals involved in the proposed company:
S. SHAWN K HOSRAVI

	Name	Address	Telephone
Contact Person:	SHAWN K HOSRAVI	299 Alhambra circle #404 Coral Gables FL 33134	305-992-0971

Return to:

Director, Division of Financial Institutions
Office of Financial Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0371
(850) 410-9800 (850) 410-9548 (fax)

FLORIDA OFFICE OF
FINANCIAL REGULATION

www.flofr.com

October 27, 2020

S. Shawn Khosravi, President
BANKERS REAL ESTATE PARTNERS, INC.
299 Alhambra Circle, Suite 404
Coral Gables, Florida 33134

Re: Bankers Companies LLC

Dear Mr. Khosravi:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Bankers Companies LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,



Russell C. Weigel, III
Commissioner
Office of Financial Regulation

2020 OCT 14 PM 3:52
FLOFR

RCW/jrj

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State