

L20000358367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

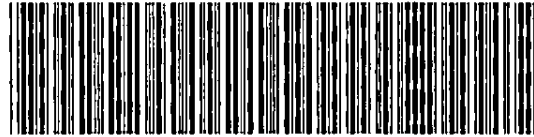
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W2-117229



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2020

MIR MUSADDAQ ALI
ALI CONSULTING LLC.
238 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986

NEW NAME: ~~ALI~~ H&M TREASURE COAST LLC.

SUBJECT: ALI CONSULTING LLC.
Ref. Number: W20000117229

We have received your document for ALI CONSULTING LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P18000023491.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 920A00020049

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ~~Ali Consulting LLC.~~ H&M TREASURE COAST 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:

Mir Musaddaq Ali

Name of Person

~~Ali Consulting LLC.~~ H&M TREASURE COAST LLC.
Firm/Company

238 NW Pleasant Grove Way

Address

Port Saint Lucie, FL 34986

City/State and Zip Code

musaddaq@rocketmail.com

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

For further information concerning this matter, please call:

Mir Musaddaq Ali 772 678-9517
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 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Ali Consulting LLC.~~

H&M TREASURE COAST 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:

238 NW Pleasant Grove Way
Port Saint Lucie, FL 34986

Mailing Address:

238 NW Pleasant Grove Way
Port Saint Lucie, FL 34986

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:

Mir Musaddaq Ali

Name

238 NW Pleasant Grove Way

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

Port Saint Lucie

FL

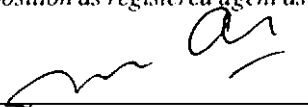
34986

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)

20 OCT 28 AM 11:47
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

AMBR

Mir Musaddaq Ali
238 NW Pleasant Grove Way
Port Saint Lucie FL 34986

AMBR

Huda Ali
238 NW Pleasant Grove Way
Port Saint Lucie FL 34986

MGR

Haider Ali
238 NW Pleasant Grove Way
Port Saint Lucie FL 34986

MGR

Madiha Ali
238 NW Pleasant Grove Way
Port Saint Lucie FL 34986

(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.

MIR M. ALI

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)

20 OCT 26 AM 11:47
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/26/2011 BY 60322
UCBA