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(Кеді	uestor's Name)	
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PICK-UP	MAIT	MAIL
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(Doci	ument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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Deside Thompson

COVER LETTER

	ew Filing Sec vision of Cor				
SUBJECT:	Tajalli's Inv	vestments LLC			
SUBJECT.		Name	of Limited Li	ability Company	
The enclose	ed Articles of	Organization and fe	ce(s) are submi	tted for filing.	
Please retur	n all correspo	ondence concerning	this matter to t	he following:	
	Hamid Tajal	li			
			Name	e of Person	
	Tajalli's Inve	estments LLC			
			Firm	/Company	
	1820 NE 2nc	J Street			
			A	ddress	 -
	Gainesville,	FL 32609			-7 -2
			City/State	e and Zip Code	
-		cimports.com	no used for futu	re annual report notifica	tion)
Eve freshve in		ncerning this matter		we unital report notified	. :
		_			
	Hamid Tajall	i 	352 _at (262-2879)	
	Nam	e of Person	Area Cod	e Daytime Telepho	one Number
Enclosed is	a check for th	he following amoun	ıt;		
□\$125.00	Filing Fee	■\$130.00 Filing Certificate of Sta	itus Ce	\$155.00 Filing Fee & rtified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	District.
		iling Section on of Corporations		New Filing Section I The Centre of Tallai	
	P.O. B	ox 6327 assee, FL 32314		2415 N. Monroe Str Tallahassee, FL 323	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must e			
(1.14	ontain the words "Limited Liab	dity Company, "L.L.C.	.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal office	of the Limited Liabilit	ty Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
1820 NE 2nd Stre	et	1820 NE 2n	d Street
1020 112 214 014			
Gainesville, FL 3 ARTICLE III - Registered . The Limited Liability Componenther business entity with a		istered Agent. You mu	nature:
Gainesville, FL 3 ARTICLE III - Registered . The Limited Liability Componenther business entity with a	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.)	egistered Agent's Sign istered Agent. You mu:	nature:
Gainesville, FL 3 ARTICLE III - Registered . The Limited Liability Componenther business entity with a	Agent, Registered Office, & Reany cannot serve as its own Registration.) eet address of the registered age	egistered Agent's Sign istered Agent. You mu:	nature:
Gainesville, FL 3 ARTICLE III - Registered . The Limited Liability Componenther business entity with a	Agent, Registered Office, & Reany cannot serve as its own Registration.) eet address of the registered age	egistered Agent's Signistered Agent. You mus	nature:
Gainesville, FL 3 ARTICLE III - Registered . The Limited Liability Componenther business entity with a	Agent, Registered Office, & Reany cannot serve as its own Registration.) eet address of the registered age Hamid Tajalli	egistered Agent's Signistered Agent. You must are:	nature: ist designate an individual or
Gainesville, FL 3 ARTICLE III - Registered . The Limited Liability Componenther business entity with a	Agent, Registered Office, & Rany cannot serve as its own Regan active Florida registration.) tet address of the registered age Hamid Tajalli Na 1820 NE 2nd Street	egistered Agent's Signistered Agent. You must are:	nature: ist designate an individual or

and layall

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Hamid Tajalli 1820 NE 2nd Street Gainesville, FL 32609
<u>MGR</u>	Homavoun Taialli 1820 NE 2nd Street Gainesville, FL 32609
(Use attachment if necessary)	
(If an effective date is listed, the date must be a the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is exec I am aware that any fa	nember or an authorized representative of a member. Ented in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Hand Tarall Mak 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 1 imited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	.,	
MGR	i <u>lamid Tarallı</u> 182 <u>0 NE 2nd Street</u> Gain <u>esville, FL 32609</u>	
MGR	Homayoun Tarall: 1820 NF 2nd Street Gainesville, FL 32609	
	Guinesvill <u>e, F1</u> , 32609	
		•
(Use attachment if necessary)		
CLEV: Effective date, if other than the	ne date of filing:	. (OPTIONAL) _{e5}
effective date is listed, the date must	be specific and cannot be more than five busine	ss days prior to $\widehat{ { m or }}$ 90 days a
ate of filing.)		The state of the s
: If the date inserted in this block doc ocument's effective date on the Depar	s not meet the applicable statutory filing requirem timent of State's records.	ients, this date will not be its
		:
ICLE VI: Other provisions, if any.		· · · · · · · · · · · · · · · · · · ·
ICLE VI: Other provisions, if any.		

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 \$ \$17.155, F.S.

.... ..

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)