

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000094401 3)))



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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : AVA FINANCIAL CONSULTANTS INC  
 Account Number : I20170000094  
 Phone : (954)842-1979  
 Fax Number : (954)905-4315

FLORIDA DEPARTMENT OF STATE  
 FALL ASSSET, FLORIDA

2021 MAR -9 AM 10:58

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: saukat1122@yahoo.com

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 COMMERCIAL SERVICES

2021 MAR -9 PM 1:05

RECEIVED

**FLORIDA LIMITED LIABILITY CO.  
 JAKERMANJIL INVESTMENT LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

MAR 10 2021  
 T. SCOTT

COVER LETTER

TO: New Filing Section  
Division of Corporations

H210000944013

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SUBJECT: JAKERMANJIL INVESTMENT 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:

MOHAMMED S. HOSSAIN

Name of Person

JAKERMANJIL INVESTMENT LLC

Firm/Company

6355 ALLISON RD

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

SAUKAT1122@YAHOO.COM

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

For further information concerning this matter, please call:

MOHAMMED S. HOSSAIN 305 394-8373  
Name of Person at ( ) 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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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JAKERMANJIL INVESTMENT 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:

8161 WILES RD  
CORAL SPRINGS, FL 33067

6355 ALLISON RD  
MIAMI BEACH, FL 33141

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:

MOHAMMED S. HOSSAIN  
Name

6355 ALLISON RD  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH      FL      33141  
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.*

Mohammed Hossain  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR -9 AM 10:59  
FALL RIVER, FL  
STATE OF FLORIDA  
SECRETARY OF STATE

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

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MOHAMMED S. HOSSAIN - AMBR

6355 ALLISON RD

MIAMI BEACH, FL 33141

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\_\_\_\_\_

\_\_\_\_\_

(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:**

*Mohammed Hossain*

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.

MOHAMMED S. HOSSAIN

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)