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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : JBARA CONSULTING
Account Number : I20200000145
Phone : (407)923-5866
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
EMPIRE MAKER INVESTMENTS LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMPIRE MAKER INVESTMENTS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company

MAILING ADDRESS: 814 W. ORANGE ST
KISSIMMEE, FLORIDA 34741

PHYSICAL ADDRESS: 814 W. ORANGE ST
KISSIMMEE, FLORIDA 34741

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

TABEER SHAIKH
814 W. ORANGE ST
KISSIMMEE, FLORIDA 34741

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

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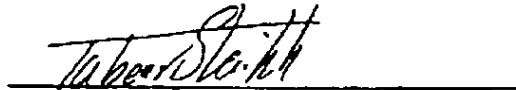
ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

TABEER SHAIKH - MGRM
814 W. ORANGE ST
KISSIMMEE, FLORIDA 34741

HEJABE SHAIKH - AMBR
814 W. ORANGE ST
KISSIMMEE, FLORIDA 34741

ARTICLE V: Effective date, if other than the date of filing: March 11th 21
(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.)



REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

TABEER SHAIKH

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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