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(shown below) on the top and bottom of all pages of the document.



H210001033763ABCX

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: RAZASYD@YAHOO.COM

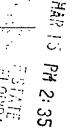
FLORIDA LIMITED LIABILITY CO. UROOS INVESTMENT COMPANY, LLC

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

UROOS INVESTMENT COMPANY, LLC

(Must end with 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:

12834 BOGGY VIEW DR

12834 BOGGY VIEW DR

ORLANDO, FL 32824

ORLANDO, FL 32824

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:

PERVEZ AKHTER

Name

12834 BOGGY VIEW DR

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

ORLANDO

C 32824

City

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)

PERVEZ AKHTER

(CONTINUED)

Page 1 of 2

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	SYED Z RAZA
	12834 BOGGY VIEW DR
	ORLANDO, FL 32824
AMBR	HASSAN RAZA
***************************************	12834 BOGGY VIEW DR
	ORLANDO, FL 32824
AMBR	SHAUZUB RAZA
	12834 BOGGY VIEW DR
	ORLANDO, FL 32824
(Use attachment if necessary)	
ective date is listed, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
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	be specific and cannot be more than five business days prior to or 90 days
REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal am aware that any first	
REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal am aware that any first	Same and cannot be more than five business days prior to or 90 days I a member or an authorized representative of a member. Cition 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. alse information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)
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