

L21000203739

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA LIMITED LIABILITY CO.
IBRAHIM INVESTMENS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



May 7, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS CORPORATE FILING SERVICES, INC

SUBJECT: IBRAHIM INVESTMENS LLC
REF: W21000063091

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears that the word in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled . If you did not misspell this word intentionally, please correct the spelling to read , and resubmit the document for processing.

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

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Shareta Backey
Regulatory Specialist II

FAX Aud. #: B21000183405
Letter Number: 821A00009627

THE NAME IS CORRECT
Thank you

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

IBRAHIM INVESTMENTS LLC

ARTICLE II - Address:

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

18800 SW 177 AVE .
Miami FL 33187 -

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

ALVARO ISAAC
18800 SW 177 AVE .
Miami FL 33187 .

ARTICLE IV-

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

AMBR - ALVARO ISAAC .
188 SW 177 AVE .
MIAMI FL 33187

2021 MAY 10 AM 9:01

Required Signatures:

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.

ALVARO ISAAC

Typed or printed name of signee

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)