L21000301435

(Red	uestor's Name)	
(Add	fress)	
(Add	dress)	,
(City	//State/Zip/Phone	⊋#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer.	

Office Use Only



200368615552

07/01/21--01001--013 **125.00

2021 JUN 30 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FL 2421 JUN 30 PH 3: 32

1 101

COVER LETTER

	Corporations				
SURJECT:	Peem ALBAWADI Name of Luni	Restaurant L.L.C	<u>-</u>		
	Name of Limi	ited Liubility Company			
The enclosed Article	es of Organization and fee(s) are	submitted for filing.			
Please return all corr	respondence concerning this mat	ter to the following:			
	Nehad	Alsaled. Name of Person			
	· .	Name of Person			
	Reem ALBAN	JADI Restaurant	LLC.		
		Firm/Company			
	11009 N 56th	st, 🕏			
	Temple Terrai	ce/FL 336M			
	15ayed76@ Witmai	ty/State and Zip Code			
		or future annual report notification	on)		
For further information	on concerning this matter, please	call:			
Neliad	Alsayed at (at (Ar_at (Ar	850, 510788	1		
\ 	Name of Person Ar	ea Code Daytime Telephone	e Number		
Enclosed is a check	for the following amount:				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	© □\$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)		
Al	lailing Address) Street Address			
N	ew Filing Section	New Filing Section Di	New Filing Section Division		
	ivision of Corporations O. Box 6327	The Centre of Tallaha 2415 N. Monroe Stree			
Tallahassee, FL 32314		Tallahassee, FL 32303			

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUN 30 PM 3: 32

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FI
Reem ALBAWADI Restaurant L.L.C.	
. (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:
11009 N 56th st, P.O.BOX 72 Temple Terrace, FL 33617 Tallahassee,	PL 32314
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Netrad Alsayed Name 11099 N 56 th St,	an individual or
11009 N 56th st,	
Florida street address (P.O. Box NOT acceptable)	
Temple Terrace FL 33617 City State Zip	<u></u>
City State Zip	
laving been named as registered agent and to accept service of process for the above stated limite blace designated in this certificate. I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relating to the proper and complete perform familiar with and accept the obligations of my position as registered agent as provided for in C Registered Agent's Signature (REQUIRED)	to act in this capacity. I ormance of my duties, and I
(CONTINUED)	

4	D1	F'1	61	Ľ	IV-
- / 1	ĸ	u	1 . I	. ľ.	I N -

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

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager _AMBR	Nehod Alsayed 11009 N 56th St. Temple Terrace, FL 33617
AMBR	Nemer Mohammad 11229 N 56th st, Terfle Terrace FL 3361
	SECRETARA TALLAHA
(Use attachment if necessary)	STATE E, FL
If an effective date is listed, the date must be spec be date of filing.)	of filing:
REOUIRED SIGNATURE:);···).
This document is executed from aware that any talse in	poer or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
<u>Ne</u>	had Al Sated. Typed or printed name of signee
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optiona	Filing Fees: anization and Designation of Registered Agent l)