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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

LLC
Name of Limited Liability Company
and fee(s) are submitted for filing.
erning this matter to the following:
Name of Person
s LLP
Firm/Company
Address
City/State and Zip Code
E (to be used for future annual report notification)
matter, please call:
954 374-7722 at ()
Area Code Daytime Telephone Number
mount:
Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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

STATE

ARTICLE II - Address:

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

•	Principal Office Address:		Mailing Address:
59 Boundary	Blvd.	420	5 NW 210th Circle Terrace
Rotonda Wes	st, FL 33947	Un	it 101-20
		Mi	ami, FL 33179
name and the Florid	a street address of the registered Yasir Billoo, Esq.	l agent are:	
name and the Florid	a street address of the registered Yasir Billoo, Esq.	l agent are: Name	
ename and the Florid	-	Name	
e name and the Florid	Yasir Billoo, Esq.	Name rd.	acceptable)
e name and the Florid	Yasir Billoo, Esq. 2122 Hollywood Bly	Name rd.	acceptable) 33020

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..

Gasir Billoo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Mohammed T. Sharif 426 NW 210th Circle Terrace Unit 101-20 Miami, FL 33179
MGR	Kajal Akter 426 NW 210th Circle Terrace Unit 101-20 Miami, FL 33179
(Use attachment if necessary)	
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)