L22000033724

(Re	equestor's Name)	
(,,,		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
	ANI seles A	
(00	ocument Number)	
Certified Copies	Certificates	of Status
Sertifica Sopies		
	Files 046	
Special Instructions to	Filing Officer:	

Office Use Only



800372761388

01/31/22--01004--005 **125.00

SECRETARY OF STATE STONE OF COMPATION OF COMPATION 15



CORPORATE When you need ACCESS to the world

ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ		
]	CUS	**************************************	
X	FILING	LLC	
	GATEWAY BRIDG CORPORATE NAME AND D		
((CORPORATE NAME AND E	OCUMENT #)	
((CORPORATE NAME AND D	OCUMENT #)	
((CORPORATE NAME AND E	OCUMENT #)	
(0	CORPORATE NAME AND D	DCUMENT #)	
(C	CORPORATE NAME AND D	OCUMENT #)	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JAN 31 AM 8: 15

(Must contain the words "Limited Liab	lity Company.	"L.L.C.," or "LLC.")	
RTICLE II - Address:			
e mailing address and street address of the principal office	of the Limited	Liability Company is:	
Principal Office Address:		Mailing Address:	
16581 Gateway Bridge Drive	44 F	44 Hamlet Woods Drive	
Delray Beach, Florida 33446	St. Ja	St. James, New York 11780	
he Limited Liability Company cannot serve as its own Reg			
RTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Regiother business entity with an active Florida registration.) the name and the Florida street address of the registered age	istered Agent, Y		
The Limited Liability Company cannot serve as its own Regnother business entity with an active Florida registration.)	istered Agent, Y		
The Limited Liability Company cannot serve as its own Regnother business entity with an active Florida registration.) he name and the Florida street address of the registered age	istered Agent. Y		
The Limited Liability Company cannot serve as its own Regnother business entity with an active Florida registration.) the name and the Florida street address of the registered age Sami Ullah Khan	istered Agent. Y		
The Limited Liability Company cannot serve as its own Regnother business entity with an active Florida registration.) the name and the Florida street address of the registered age Sami Ullah Khan Na	istered Agent. Y nt are: me	'ou must designate an individua	
The Limited Liability Company cannot serve as its own Regnother business entity with an active Florida registration.) the name and the Florida street address of the registered age Sami Ullah Khan Na 16581 Gateway Bridge I	istered Agent. Y nt are: me	'ou must designate an individua	

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..

Sami Ulankhan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Sami Ullah Khan
.vigit	44 Hamlet Woods Drive
	St. James, New York 11780
MGR	Tehmina Haque
	44 Hamlet Woods Drive
	St. James, New York 11780
	222
	<u> </u>
	²
	<u> </u>
	
(Use attachment if necessary)	- 5
effective date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Departmen	nt of State's records.
If the date inserted in this block does not current's effective date on the Departmen CLE VI: Other provisions, if any. LC will be managed by managers.	nt of State's records.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Sami Ullah Khan

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)