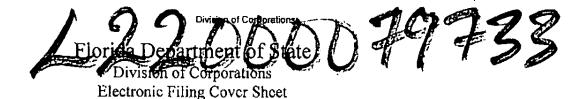
2/24/22, 9:52 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

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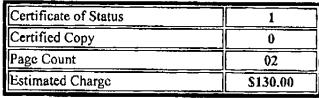


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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : ALLSTATE CORPORATE SERVICES CORP Account Number : I20040000031 : (800)906-9220 Phone Fax Number : (800)906-9880 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_ FLORIDA LIMITED LIABILITY CO. ASHAD CONSULTING LLC Certificate of Status 1



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(((H22000071839 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TING LLC			
(Must con	tain the words "Limited Li	ability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal offi	ice of the Limite	d Liability Company is:	
Princip	al Office Address:		Mailing Address:	
1108 Kane Concourse, Unit 210 Bay Harbor Islands, FL 33154		1108 Kane Concourse, Unit 210		
Bay Harbor Islands,	FL 33154	<u>Ba</u>	y Harbor Islands, FL 33154	<del></del>
		Name		
	1108 Kane Concourse, Florida street address (		accentable)	
	Florida sileet address (	r.0. 00x <u>R01</u>	-	<b>2022</b> SEC TALL
		T.I	33154	
	Bay Harbor Islands	FL State	<del></del>	
aving been named as registered	City	State	Zip	FEB AHA

(CONTINUED)

(((H22000071839 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Eliya Cohen 9940 West Bay Harbor Drive, Suite 4CS Bay Harbor Islands, FL 33154	- - -
		- •
		-
		•
		•
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
	te of filing: (OPTIONAL)	œ
offective date is listed, the date must be state of filing.)	specific and cannot be more than five business days prior foor 90 ———————————————————————————————————	
offective date is listed, the date must be state of filing.)	m ← t meet the applicable statutory filing requirements, this date. without	
a effective date is listed, the date must be state of filing.)  If the date inserted in this block does not locument's effective date on the Department of the VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date without of State te records	be liste
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