L22000279291

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



000389600920

22 JUN 17 AM 10:

RECEIVED

FLORIDA CAPITAL COURIER SERV	VICES, INC
TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-624	
	COLUMN 140410001100 111011010 11101010
Authorization Signature:	COUNT: 120210000160 AMOUNT: _\$125.00
LLT INVESTMENTS LLC	
BUSINESS	DOCUMENT #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit X Limited Liability	Resignation of R.A. Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTILLE ()	Other
Country	
EXAMINER'S INITIALS:	

COVER LETTER

	iew Filing Sect Division of Corp				
eun ir ca		STMENTS LLC			
SORTEC	Γ:	Name of	Limited Liab	ility Company	
The enclo	sed Articles of (Organization and fee(s) are submitte	d for filing.	
Please rett	urn all correspo	ndence concerning this	matter to the	following:	
	ALTAF SAT	TAR			
			Name (of Person	
	SOFTBOOK	S INC			
			Firm/C	Company	***
	5373 N NOB	HILL RD			
			Ad	dress	
	SUNRISE, F	L 33351			
	INFO@SOFT	BOOKSINC.COM	City/State	and Zip Code	
			ised for future	annual report notificati	on)
For further	information co	ncerning this matter, pl	icase call:		
	ALTAF SAT	TAR	9 5 4	8746230)	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
	00 Filing Fee	□S130.00 Filing Fe Certificate of Status	Сеп	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address Tiling Section on of Corporations Box 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 JUN 17 AM 10: 1;

SEUNE TART OF STATE TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

1.1	Т	INV	FST	MEN	ITS	1.1.	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:

<u>Pri</u>	ncipal Office Address:		Mailing Address:	
14359 MIRAMA	AR PKWY #345	143:	14359 MIRAMAR PKWY #345	
MIRAMAR, FL	MIRAMAR, FL 33027		MIRAMAR, FL 33027	
THE EMPLE LIABILITY COM	pany cannot serve as its own :	Kegisteren Agent.	t on must nesikuste an mary idasi o	
nother business entity with	an active Florida registration reet address of the registered	1.)	You must designate an individual o	
mother business entity with	i an active Florida registration	1.)	Tou must designate an individual of	
mother business entity with	an active Florida registration reet address of the registered	n.) agent are: Name	Tou must designate an individual o	
mother business entity with	an active Florida registration reet address of the registered SOFTBOOKS INC.	n.) agent are: Name		
mother business entity with	an active Florida registration reet address of the registered SOFTBOOKS INC. 5373 N NOB HILL R	n.) agent are: Name		

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)

(CONTINUED)

AMBR AMBR AMBR AMBR AMBR AMBR AMBR AMBR		 -	e and Address:	
Clise attachment if necessary) CLE V: Effective date, if other than the date of filing: The date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days a e of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste content's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is effective date on the Department of State in a water that any false information submitted in a document to the Department of State constitutes a third degree felow as provided for in s.817.155, F.S. ZAINAB JAFRI.	"N 1/10" - Mannager	d Member		
(Use attachment if necessary) (Use attachment if necessary) (LEV: Effective date, if other than the date of filing: (OPHONAL) (Included the solution of the specific and cannot be more than five husiness days prior to or 90 days a e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed that inserted in the Department of State's records. CLEVI: Other provisions, if any. REOURED SIGNATURE: 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.	-	ZAINARI	AFRI	
(Use attachment if necessary) (LEV: Effective date, if other than the date of filing: (Include the listed, the date must be specific and cannot be more than five business days prior to or 90 days a e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date inserted in the Department of State's records. CLEVI: Other provisions, if any. REOURED SIGNATURE: Signatury 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.	AMBK	1435 MIRA	MAR PKWY #345	
(Use attachment if necessary) (LEV: Effective date, if other than the date of filing: (DPHONAL) (Gettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a coffiling.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records. (LEVI: Other provisions, if any.) REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is the State of a member of the Department of State constitutes a third degree felony as provided for in s.817.155, E.S. ZAINAB JAFRI AMAC AMAC		\ 	R, FL 33027	
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:		74354		s :2
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:				50 R
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:				P
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:		·		—————————————————————————————————————
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) T.E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) (I.E.V: Effective date, if other than the date of filing:				<u> </u>
REOURED SIGNATURE: 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. ZAINAB JAFRI More than five husiness days prior to or 90 days are of filing. IOPTIONAL) IOPTIONAL) IOPTIONAL) IOPTIONAL) IOPTIONAL) IOPTIONAL) IOPTIONAL) IOPTIONAL) IOPTIONAL) In the date instruction of any prior to or 90 days are of filing. III the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the provisions, if any				
REOURED SIGNATURE: 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. ZAINAB JAFRI MOPTIONAL) 10PHONAL) 10PHONAL) 10PHONAL) 10PHONAL) 10PHONAL) 10PHONAL)				
REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is a member or an authorized representative of a member. This document is 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 ZAINAB JAFRI.	(Use attachment if n	cessary)		
REOURED SIGNATURE: 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 ZAINAB JAFRI Annual Cannot be more than two numbers days prior to or 20 days are of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the perfect of the constitutes a third degree felony as provided for in \$.817.155. F.S. ZAINAB JAFRI Annual Cannot be more than two numbers days prior to or 20 days are 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 \$.817.155. F.S.	LEV: Effective date.	f other than the date of filing:	(0	PHONAL)
REOURED SIGNATURE: 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 \$.817.155, F.S.	ffective date is listed.	he date must be specific and cann	tot be more than five husiness da	ys prior to or 90 days at
REOURED SIGNATURE: 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. ZAINAB JAFRI.	e of filing.)	C. I. I. J. J	shie contract filing requirements	this date will not be liste
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. ZAINAB JAFRI.		his block does not meet the applica	rds.	this days and many
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. ZAINAB JAFRI.	If the date inserted in			
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. ZAINAB JAFRI	If the date inserted in	on the Department of State's reco		
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. ZAINAB JAFRI	If the date inserted in connent's effective date			
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. ZAINAB JAFRI	If the date inserted in coment's effective date			
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. ZAINAB JAFRI	If the date inserted in coment's effective date			
This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155. F.S. ZAINAB JAFRI	If the date inserted in cument's effective date (LE VI: Other provisio	ns, if any.		
This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155. F.S. ZAINAB JAFRI	If the date inserted in cument's effective date (LE VI: Other provisio	ns, if any.		
Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155. F.\$. ZAINAB JAFRI	If the date inserted in cument's effective date (LE VI: Other provisio	os, il any. ATURE: AMM	J.L.	
ZAINAB JAFRI Zym (= Taftin	If the date inserted in coment's effective date CLE VI: Other provision REOURED SIGN	ATURE: Signature of a member of an atlant	uthorized representative of a nec	mber.
ZAINABJAFRI Come Tota	If the date inserted in cument's effective date CLE VI: Other provision REOUTRED SIGN	ATURE: Signature of a member or an analysis assented in secondary	nce with section 605,0203 (1) (b).	Florida Statutes
ZAINABJAFRI	If the date inserted in coment's effective date CLE VI: Other provision REQUIRED SIGN	Signature of a member or an at- document is executed in accordance that any false information signature.	ace with section 605,0203 (1) (b), ubmitted in a document to the Dep	Florida Statutes
	If the date inserted in coment's effective date CLE VI: Other provision REQUIRED SIGN	Signature of a member or an audocument is executed in accordant aware that any false information statutes a third degree felony as pro-	nce with section 605,0203 (1) (b), ubmitted in a document to the Depvided for in s.817,155, F _j \$.	Florida Statutes

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)