Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BYTES SERVICES LLC

Account Number : I20210000149 Phone

: (786)600-8004

Fax Number

: (305)602-9816

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	INOCHEPE@ICLOUD.CO
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FLORIDA LIMITED LIABILITY CO. HEIMAT RUHANIYAT LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Heimat Ruhaniyat Limited Liability Company

ARTICLE II - Address:

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

14319 SW 103 TER

MIAMI FLORIDA 33186

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability — Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity—with an active Florida registration.)

LINO CHEPE

14319 SW 103 TER MIAMI FLORIDA 33186

ARTICLE IV-

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

LINO CHEPE, MGR

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Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

LINO CHEPE		
	Typed or printed name of signee	

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)