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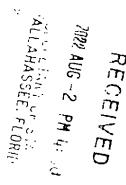
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Fish Nillian)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: NAIMAD'S TELECOMPANICATION PRONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROHOANNA REID WAHEED
Name of Person
Firm/Company
1517 CRESCENTHILLS Dr Address
TALLAHASSEE FLORIDA 32303
City/State and Zip Code
AVERYANNA 02 & ichoud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROHOANNA at (1773) 577-9777

Name of Person Area Code Daytime Telephone Number

Enclosed is a cheek for the following amount:

☑S125.00 Filing Fee

☐\$130.00 Filing Fee & Certificate of Status

☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	:
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The name of the Limited Liability Company is:

NAIMADS Telecommunication & construction L-L-C
(Must contain the words "Limited Liability Company," L.L.C." or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Sturing Address:
1517 CRESCENTHILLS Dr	
TALLAHASSEC	
FLORIDA S2303	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

City State Zip

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. Thereby 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)



The name and address of each person aud	norized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager "M G A'	DAMIAN BURRELL 1517 CRESCENT HILLS DE TALLAHASSEE FL. 32303
CEO	Rohoanna V Rod Waterda 2 1517 Crescent Hils Dr 32303
	PH 8: 08
(If an effective date is listed, the date must be spetthe date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	3 <i>A</i>
This document is execut	ember or an authorized representative of a member, ted in accordance with section 605,0203 (1) (b), Florida Statutes, antiormation submitted in a document to the Department of State of felony as provided for in s.817,155, F.S.

ARTICLE IV-

DAMIAN BURRELL
Typed or printed name of signee