L22000344 106

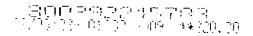
(Requestor's Name)
(Address)
(Address)
(//00/633)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

T. SCOTT AUG - 8 2022



300392245783



CASSE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

2022 AUG -8 PM 4: 34

2022 AUG -8 PM 6: 00

2022 AUG -8 PM 1. 21

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: JAF. HOSPHOLITY 1/C
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:
Ahamad Meman Name of Person
Name of Person
E: 70
Firm/Company
not chickadee st
Address
Crest View, Fl-32539 City/State and Zip Code
ahamadsmanyahar. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Flyania Memagat () 817 929 - 28 EV Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>11 C</u>		
: 	\sim	
100	15	~ ~
	レゝ	39
dual or		
`		
his capacity. of my duties, in the FRANCHISIN FRANCHISIN OF CORPORTALLAHASSEE, FL	_ and	
)	his capacity. FRANCHISINI FRANCHISINI FRANCHISINI TALLAHASSEE, FL	1022 AUG -8 LACEL AROUGE FRANCH DIVISION OF COR TALLAHASSEE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ahamad meman
AMRO	HOT-CHICKED FEST
111214	CLEST 116M F1-3515d
	Jawed Mallick
# NBB	6338 Cobblestone in
`	Arling ton , Tx - 76001
AMRA	Farial Excapi
	BOOK BOOW FEROS
	Formington Rd-MT. V8
	401 1111 01 21001 Kdx 115. 40
(They attend have at 16 and a comment	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does becament's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does becament's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does becoment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does ocument's effective date on the Department CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does becament's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does ocument's effective date on the Department of the Other provisions, if any. REQUIRED SIGNATURE:	pe specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be the of filing.) If the date inserted in this block does becument's effective date on the Department of the Other provisions, if any. REOUIRED SIGNATURE: Signature of	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed