

L22000362671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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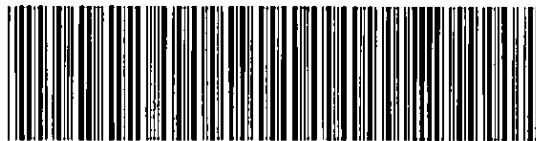
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
AUG 19 2022

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DIVISION OF CORPORATE AFFAIRS  
22 AUG 18 AM 4:55

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2022 AUG 19 PM 4:54

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Sweet Home Hospitality Crestview 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:

Ahmad memar  
Name of Person

Firm/Company

407 chickadee st  
Address

crestview-FL- 32539  
City/State and Zip Code

ahmad memar  
E-mail address: (to be used for future annual report notification)

ahmadsm@49400.com  
For further information concerning this matter, please call:

Ahmad memar 1 817 929 2864  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
22 AUG 19 AM 4:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sweet Home Hospitality Crestview LLC  
(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:

Principal Office Address:

Mailing Address:

407 Chickadee St  
Crestview, FL 32539  
Same

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:

Ahmad Meman  
Name

407 Chickadee St  
Florida street address (P.O. Box NOT acceptable)

Crestview, FL 32539  
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, 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.

A Meman  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE STATE  
OF FLORIDA  
22 AUG 19 AM 4:55

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

~~AMBR~~

Zahirabbas Nagpuri  
23010200 Rd  
Dorset, MA - 01826

~~AMBR~~

Shazia Essani  
30974 Westwood Rd  
Farmington 2d. MA - 01833

~~AMBR~~

Ahamad memon  
407 Chickadee St  
Crestview - FL - 32539

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

*Ahamad memon*

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.

~~Ahamad memon~~ Ahamad memon  
Typed or printed name of signor

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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DEPT. OF STATE  
22 AUG 19 AM 4:55