

L22000436506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

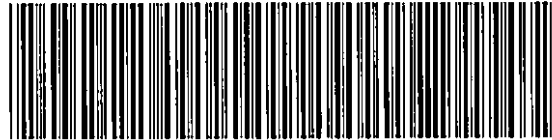
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

OCT 12 2022

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2022 OCT -7 PM 2:48  
ALLAHASSEE, FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** BAMAA Group 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:

Mahan Bahmanpour

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4729 Jefferson St.

\_\_\_\_\_  
Address

Hollywood, FL 33021

\_\_\_\_\_  
City/State and Zip Code

dfram@eastcorttle.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mahan Bahmanpour at ( 917 ) 946-7565  
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

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/7/2022

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1075880

**ORDER ENTITY**  
BAMAA GROUP LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**BAMAA GROUP LLC (FL)**

Please file the attached articles and provide a certified copy.

**NOTES:**  
\$155.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

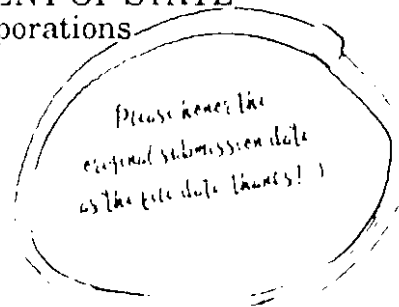


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2022

INCSERV

SUBJECT: BAMAA GROUP LLC  
Ref. Number: W22000127603



We have received your document for BAMAA GROUP LLC. However, the document has not been filed and is being returned for the following:

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please ensure the name of the registered agent reflects the entity active in our records.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 822A00022531

*Please honor the  
original submission date  
as the file date thanks!!*

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2022 OCT 11 PM 2:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAMAA Group 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:

4729 Jefferson St.

Hollywood, FL 33021

Mailing Address:

4729 Jefferson St.

Hollywood, FL 33021

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:

Eastcor Land Services Inc.

Name

1160 Kane Concourse, Suite 305

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

Bay Harbor Islands

FL

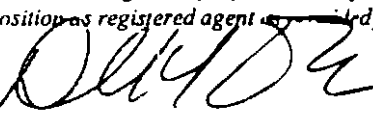
33154

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 OCT -7 PM 3:52  
Division of State Affairs

**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:**

Member

Mahan Bahmanpour  
4729 Jefferson St.  
Hollywood, FL 33021

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
JAN 17 2007 PM 3:52

(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 listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Mahan Bahmanpour*

**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.

Mahan Bahmanpour

Typed or printed name of signer

**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)