

L23000000 3597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

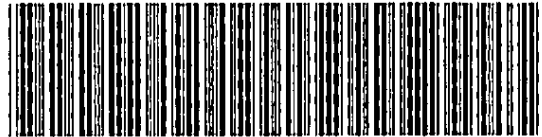
Special Instructions to Filing Officer:

Office Use Only

7/2200 116498

T. SCOTT

JAN - 6 2023



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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JAN - 5 AM 9:20

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

2022 11 12 11:59

SUBJECT:

Aya Mediterranean Cuisine 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:

Sara Aseid

Name of Person

Aya Mediterranean Cuisine

Firm/Company

936 E. New Haven Ave

Address

Melbourne FL 32901

City/State and Zip Code

ayamedcuisine@gmail.com

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

For further information concerning this matter, please call:

Sara Aseid

at (

786

)

818-8317

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)

Already paid : W2200116498

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aya Mediterranean Cuisine 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:

936 E. New Haven Ave
Melbourne, FL 32901

Mailing Address:

936 E. New Haven Ave
Melbourne FL 32901

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:

Sara Aseid
Name

1633 Sunny Brook Ln Apt. H201
Florida street address (P.O. Box NOT acceptable)

Palm Bay FL 32905
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.,

Sara Aseid

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 JAN -5 AM 9:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Sara Aseid

1633 Sunny Brook Ln Apt. H201 Palm Bay FL 32901

AMBR

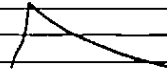
Aya Aseid

1633 Sunny Brook Ln Apt. H201 Palm Bay FL 32901

AMBR

Ziad Aseid

7910 Abbott Ave Miami Beach FL 33141



(Use attachment if necessary)

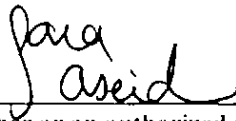
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

SARA ASEID

Typed or printed name of signee

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)

Dear Mr Scott,

I hope this letter finds you well.

My name is Sara Aseid, the owner of Aya Mediterranean Cuisine LLC. This is a written form to confirm that I want to make the business an LLC. Please disregard the conversion application that was first submitted and refer to the Article of LLC Application attached below instead. The document number is W22000116498.

Kindly note that the check with \$155.00 amount (filing fee and certified copy) sent with the previous application was cashed out.

Should you have any questions or comments, please reach out to me at ayamedcuisine@gmail.com or through my personal number at 786-818-8317.

Best,
Sara Aseid