

L230000030885

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CARE IMMIGRATION SERVICES LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CARE IMMIGRATION SERVICES 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.

NOWSHED PRINCE ADIL

 Name of Person

CARE IMMIGRATION SERVICES LLC

 Firm/Company

20840 NW 17TH AVE APT 234

 Address

MIAMI, FL 33056

 City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

NOWSHED PRINCE ADIL 786 239-9353
 _____ at (_____) _____
 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARE IMMIGRATION SERVICES 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:3600 SOUTH STATE RD 7 SUITE 251
MIRAMAR, FL 33023**Mailing Address:**20840 NW 17TH AVE APT 234
MIAMI GARDENS, FL 33056**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:

NOWSHED PRINCE ADIL

Name

20840 NW 17TH AVE APT 234Florida street address (P. O. Box **NOT** acceptable)MIAMI GARDENS FL 33056

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.

Nowshed P. Adil

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

NOWSHED PRINCE ADIL
20840 NW 17TH AVE APT 234
MIAMI GARDENS, FL 33056

(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:

Nowshed P. Adil

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.

NOWSHED PRINCE ADIL

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)