Division of Corporations

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

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

Empil.	Address:			
CILIDIT	MUUI COO.			

## FLORIDA LIMITED LIABILITY CO. NAHIAN THREE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NA NA	HIAN THREE LLC	
(Must contain the words "	Limited Liability Comp	any, "L.L.C.," or "LLC.")
RTICLE II - Address:		
ne mailing address and street address of the pr	incipal office of the Lin	ited Liability Company is:
Principal Office Addr	·ess:	Mailing Address:
5730 PINE WOOD DRIVE	:	036 SOLAR POINT DRIVE
A-2 GREENACRES, FL 33463		GREENACRES, FL 33463
BALAN BAY		
RTICLE III - Registered Agent, Registered	l Office, & Registered A	igent's Signature:
he Limited Liability Company cannot serve a	s its own Registered Age	igent's Signature: nt. You must designate an individual or
The Limited Liability Company cannot serve a nother business entity with an active Florida re	s its own Registered Age egistration.)	igent's Signature: nt. You must designate an individual or
RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve a nother business entity with an active Florida re the name and the Florida street address of the r	s its own Registered Age egistration.) egistered agent arc:	nt. You must designate an individual or
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The Limited Liability Company cannot serve a nother business entity with an active Florida re the name and the Florida street address of the range of the INCORPOR	s its own Registered Age egistration.) egistered agent arc: ATING SERVICES, LT Name	nt. You must designate an individual or

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..

State

City

ISMelissa a. Moreau- assistant Secres
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

(H23600035204 2)

(H23000035204 3)

	Name and Address:
"AMBR" = Authorized Member	<del></del>
"MGR" = Manager	
MGR	QUAZI SAKHAWAT HOSSAIN
	5730 PINE WOOD DRIVE, A-2 GREENACRES, FL 33463
	ORDENACRES, LE 3340)
	~ <del></del> -
<del></del>	
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(Use attachment if necessary)	
(Use attachment if necessary)  E.V: Effective date, if other than the d	ate of filing: (OPTIONAL)
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Filing Fees:

Typed or printed name of signee

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

LAWRENCE A. KIRSCH

\$ 5.00 Certificate of Status (Optional)

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