

L23000272769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

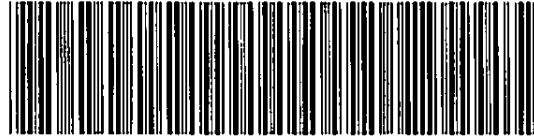
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/06/2023

****WALK IN****

ENTITY NAME AMIR KHAMNEIPUR DESIGN LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

S. R. J. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Article I

The name of the Limited Liability Company is:

AMIR KHAMNEIPUR DESIGN LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3200 North Ocean Blvd, Suite 1107
Fort Lauderdale, FL 33308

The mailing address of the Limited Liability Company is:

3200 North Ocean Blvd, Suite 1107
Fort Lauderdale, FL 33308

Article III

The name and Florida street address of the registered agent is:

Amir Khamneipur
3200 North Ocean Blvd, Suite 1107
Fort Lauderdale, FL 33308

Having been named as registered agent and to accept service of process for the above states 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.

Registered Agent Signature: s/Amir Khamneipur

Article IV

The name and address of the person(s) authorized to manage LLC:

AMBR
Amir Khamneipur
3200 North Ocean Blvd, Suite 1107
Fort Lauderdale, FL 33308

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Article V

The effective date for this Limited Liability Company shall be:

6/6/2023

Article VI

Other provisions, if any:

Signature of member or an authorized representative

Dated: June 6, 2023

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles or Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA