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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

306 MONROE STI	REET LLC	<u> </u>	
Please Debit FCA00	00000003 For: 125		
Thank you Seth Nec	elev		
Staf			Art of Inc. File
			LTD Partnership File
		·	Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
/ /			Officer Search
1	2/		Fictitious Search
Signature	<u> </u>		Fictitious Owner Search
		\	Vehicle Search
			Driving Record
Requested by:		_	UCC 1 or 3 File
Name	Date Ti		UCC 11 Search
		-	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
306 MONROE STREET LLC					
(Must contain the words "Limited Liability C	ompany "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:	Mailing Address:				
3521 RUSSELL RD	3521 RUSSELL RD				
MARIANA, FL 32446	MARIANA, FL 32446				
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:					
Orlando Rene Cicilia					
Name					

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.

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

FL

State

10800 Biscayne Blvd, Suite 700

City

Miami

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

DIL	\sim 1	I.	111	

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	MAHMOUD AMROUCH	
	3521 RUSSELL RD	
	MARIANA, Fl. 32446	
MGR	WALID AMROUCH	
	3521 RUSSELL RD	
	MARIANA, FI. 32446	
MCD	III ICO A INI ALI I	
MGR	HUSSAIN AL-ALI 3521 RUSSELL RD	
	MARIANA, FL 32446	
MGR	HASSAN AL-ALI	
	3521 RUSSELL RD MARIANA, FL 32446	
	WARIANA, P1, 32440	
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business of timeet the applicable statutory filing requirements of State's records.	lays prior to or 90 days after
ARTICLE VI: Other provisions, if any,		
	77 - 72	
REQUIRED SIGNATURE:	7	F. 67 - X
Signature of a	member or an authorized representative of a m	nember /=
	cuted in accordance with section 605.0203 (1) (b)	
I am aware that any fa	lse information submitted in a document to the De	
constitutes a third deg	ree felony as provided for in s.817.155, F.S.	ζ. Γ. j
M. IN IOUS	Marion	i = i
MAHMOUD A	Typed or printed name of signee	
	i yped or printed name of signee	(l)