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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Document Number)

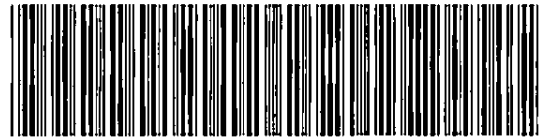
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Certificates of Status \_\_\_\_\_

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2024 MAR 13 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAR 13 AM 11:35  
TALLAHASSEE, FLORIDA

**FLORIDA CAPITAL COURIER SERVICES, INC**  
2330 CLARE DR  
TALLAHASSEE, FL 32309  
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$125.00**

**Authorization Signature:** 

**BUSINESS NAME** \_\_\_\_\_ **Document#** \_\_\_\_\_

**Hanania Enterprises, LLC**

Certified Copy  
 Certificate of Status

**NEW FILINGS**

Profit Corp  
 Not for Profit  
 **Limited Liability**  
 Domestication  
 LLLP  
 CORP  
 Other

**AMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Revocation of Dissolution  
 Merger  
 Articles of Conversion  
 Amended & Restated Articles of Incorporation  
 Statement of Authority

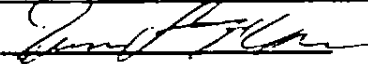
**APOSTILLE(s)**     **&**     **OTHER FILINGS**

Apostille                     Foreign Filing  
 Country                         Reinstatement  
 Annual Report                 Qualification  
    Fictitious Name

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL  
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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Hamania Enterprises, 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:

Michael M. Bajalia, Esq.  
Name of Person

Bajalia Law Office, P.A.  
Firm/Company

7645 Gate Parkway, Suite 106  
Address

Jacksonville, FL 32256  
City/State and Zip Code

mbajalia@bajaliawoffice.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael M. Bajalia at ( 904 ) 352-1121  
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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hananis Enterprises, 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:**

7200 Blanding Blvd  
Jacksonville, FL 32244

**Mailing Address:**

7200 Blanding Blvd  
Jacksonville, FL 32244

**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:

Bajalia Law Office, P.A.

Name

7645 Gate Parkway, Suite 106

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

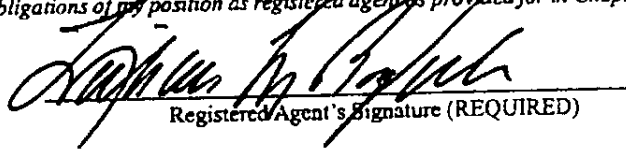
Jacksonville, FL 32256

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

Treasurer \_\_\_\_\_

Myla Remer  
7200 Blanding Blvd.  
Jacksonville, FL 32244

Secretary \_\_\_\_\_

Shannon Whyte  
7200 Blanding Blvd.  
Jacksonville, FL 32244

\_\_\_\_\_

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