

6/13/24, 1:52 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L24000266984

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000207258 3)))



H240002072583ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: c9549999939@gmail.com

2024 JUN 13 PM 3:28

RECEIVED

FLORIDA LIMITED LIABILITY CO.

Sam MKS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUN 13 PM 4:12

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

DocuSign Envelope ID: 050591F8-BEAE-4AA7-A027-81C91449EF26

FAX AUDIT # H24000207258 3

**ARTICLES OF ORGANIZATION
OF
SAM MKS LLC**

ARTICLE I NAME

The name of the limited liability company is: SAM MKS LLC

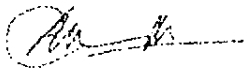
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 8000 N Federal Hwy, Boca Raton, Florida 33487.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent is: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: _____
Chris Das, AVP, Business Filings Incorporated

Date: June 13, 2024

ARTICLE IV MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Sam Abdullah, 8000 N Federal Hwy, Delray Beach, Florida 33487

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUN 13 PM 4:42

FAX AUDIT # H24000207258 3

DocuSign Envelope ID: 050591F8-BEAE-4AA7-A027-81C91449EF26

FAX AUDIT # H24000207258 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

DocuSigned by:
Sam Abdullah
F80C9DE8A4540F

Date: 6/13/2024

Sam Abdullah, Organizer
Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT # H24000207258 3