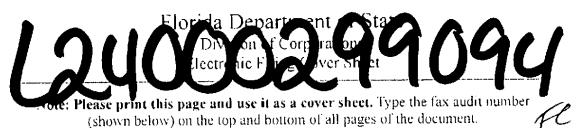
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Division of Corporations



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From:

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Account Number : I20220000138 Phone : (786) 239-9353 Fax Number : (305)675-8465

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| Const 1 | Address: | | |
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FLORIDA LIMITED LIABILITY CO. PALMS OIL COMPANY LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
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| SUBJI | | Name of Lit | nited Liabili | ty Conpany | | | |
| The en | closed Articles of | f Organization and fee(s) ar | e submitted | for filing. | | | |
| Please | return all corresp | ondence concerning this ma | itter to the fe | ollowing: | | | |
| | MD SAQIB | RAHMAN | | | | | |
| | | | Name of | Reco | | | |
| | PALMS OF | L COMPANY LLC | | | | | |
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| | 898 PALM | AVE | | | | | |
| | | <u> </u> | Ath | .5 % | | | |
| | HIALEAH, FL 33010 | | | | | | |
| | City/State and Zip Code INFO/a/EXPRESSTAXSVCS.COM | | | | | | |
| | | E-mail address: (to be used | for future a | nnual report notificati | on) | | |
| For furtl | ner information co | oncerning this matter, pleas | e call: | | | 20 S | |
| | AIMET AR | | 05 | 364-5123) | | 24 JUI | <u>1</u> "I |
| | Dil | na of Person A | rea Code | Daytime Telephon | e Number | الله المراجعة | enimin enimin |
| Enclos | ed is a check for | the following amount: | | | | SSE PH | |
| ⊒\$12 | 5.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certific | 5.00 Filing Fee & ed Copy al copy is enclosed) | ■\$160.00 Fi Certificate of Certified Cop (additional cop | Signature 2 | ************************************** |
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New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALMS OIL COMPANY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|-------------------|
| 898 PALM AVE | 898 PALM AVE |
| HIALEAIL, FL 33010 | HIALEAH, FL 33010 |
| | |

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:

| MD SAQIB RAHM | AN | |
|----------------------|----------------------------|------------|
| | Ni na | |
| 898 PALM AVE | | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | cceptable) |
| HIALEAH | FL | 33010 |
| Ch/ | 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. Thereby accept the appointment as registered agent and agree to act in Iis 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 Clapter 605, ES

(CONTINUED)



ARTICLE IV-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 **AMBR** MD SAQIB RAHMAN 898 PALM AVE HIALEAH, FL 33010 (Use attachment if necessary) ARTICLEV: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLEVI: Other provisions, if any, REOLIRED SIGNATURE: Md Sagib Rahman Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. MD SAQIB RAHMAN Typed or printed name of signe

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)S 5.00 Certificate of Status (Optional)