

Florida Department of State  
 Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
 PENTAXX LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**\*Articles of Organization**

*State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla. Stat.:*

**Article I - NAME**

The name of the Limited Liability Company is as follows: PENTAXX LLC

**Article II - TYPE**

The entity being formed is a Limited Liability Company.

**Article III - ADDRESS**

The street address (principal office address) for the Limited Liability Company are as follows:

Limited Liability Company Address:

5300 W. HILLSBORO BLVD., SUITE 218

COCONUT CREEK, FL 33073

The mailing address for the limited liability company are the same.

**Article IV - REGISTERED AGENT INFORMATION**

The name and address of the registered agent are as follows:

Shaban Malik

9000 NW 44<sup>th</sup> Street, Suite 204

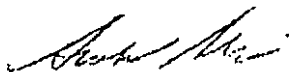
Sunrise, FL 33351

The street address and the mailing address of the registered agent are the same.

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,

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Shaban Malik, hereby accepts the appointment as registered agent and consent 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 of the Florida Statutes.



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*Signature of Registered Agent*

#### **Article V - STRUCTURE**

This limited liability will have the following members and be member-managed:

- ZSUZSANNA SOLOMON

5300 W. HILLSBORO BLVD., SUITE 218  
COCONUT CREEK, FL 33073

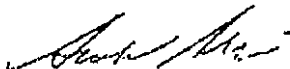
*Member-Manager*

#### **Article VI - EFFECTIVE DATE**

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

#### ***EXECUTION***

**Signature of organizer:**



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**Printed name of organizer:**

SHABAN MALIK

Statement of signatory:

*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.*

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