## LZ4000414740 HH

(Requestor's Name)	
(Address)	
(Address)	
(	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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<u> </u>	

Office Use Only



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SECRETARY OF STATE OF VISION OF CORPORATIONS

## COVER LETTER

TO: New Filing Sect Division of Corp				
321 engine				
SUBJECT:	Name of Liv	ated Liability Con	apany	<del></del>
The enclosed Articles of G	Diganization and fee(s) are	submitted for filt	ng	
Please return all correspon	ndence concerning this ma	tter to the follown	าหิ;	
Shoaib Hanr	ani			
		Name of Person		
		Firm Company	<del></del>	
1351 Waterfo	ord Oak Dr Apt 203			
<del></del>	· · · · · · · · · · · · · · · · · · ·	Address		
Orlando, FL	32828			
shoaiby@mad		ity State and Zip C	lode	
I:	mail address: (to be used	for future annual r	eport notificat	ion)
for further information con	cerning this matter, please	call		
Snoaib Hann			8819	
Name	of Person Ar	ea Code Day		
Enclosed is a check for th	e following amount:			
\$125.00 Filing Fee	■S130 00 Filing Fee & Certificate of Status	U\$155.00 Fr Certified Cop (additional copy		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address ing Section		<u>Address</u> iling Section D	nvision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>321 en</u>	gineers, LLC (Must contain the words "Lumited Liab	iluv Company, "L.L.C.," or "LLC.")
TICLE II - Aŭ	dross:	
	is and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
1351 W	/aterford Oak Dr Apt 203	1351 Waterford Oak Dr Apt 203
Orlando	o, FL 32828	Orlando, FL 32828

The name and the Florida street address of the registered agent are:

	Name	
1351 Waterford Oa	ak Dr Apt 203	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Orlando	FL.	32828

Having been named as registered agent and to accept service of process for the above stated limited hability 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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
	ed Member
"MGR" Manager	
AMBR	shoaib hannani
	1351 Waterford Oak Dr Apt 203
	Orlando, FL 32828
MGR	Faraz Ahmed 1701 W Weatherbee Rd # 772481
	Orlando, FL 32877
	Ondrido. / 2 02077
· · · · -	
(Use attachment if no	CCSSILY)
	·
	Fother than the date of filing: 9/9/2024
If an effective date is listed, t	he date must be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
	his block does not meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date	on the Department of State's records
ARTICLE VI: Other provision	is it any
titit tit. Vi. Viller province	is, it diff
***************************************	
DPAPHANA CIAS	CPP 1444
REQUIRED SIGNA	TURE:
	The
********	Signature of a member or an authorized representative of a member.
	document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
Lam	aware that any false information submitted in a document to the Department of State
cons	titutes a third degree felony as provided for in \$.817 155, F.S.
	shoaib hannani
	Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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