Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

HUA investments LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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|----|----|---|---|---|---|---|---|----|----|---|
|----|----|---|---|---|---|---|---|----|----|---|

To:

The name of the Limited Liability Company is:

HUA investments LLC

(Must end with 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: | Mailing Address: |
|---------------------------|------------------------|
| 15720 SW 51st Manor SW | 15720 SW 51st Manor SW |
| Ranches, FL 33331 | Ranches, FL 33331 |
| | , |

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:

| Ali Mushtaq | | |
|--------------------|------------------------------|--------------|
| | Name | |
| 15720 SW 51st M | lanor SW | |
| Florida street add | ress (P.O. Box <u>NOT</u> ac | cceptable) . |
| Ranches | FL | 33331 |
| 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)

Page Inf 2

2024 OCT -9 AH 4: 25

| ŭ u. | Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|--|---|
| | AMBR | Umar Mushtaq |
| 1 | | 15720 SW 51st Manor SW |
| | | Ranches, FL 33331 |
| | AMBR | Ali Mushtaq |
| | | 15720 SW 51st Manor SW |
| | | Ranches, FL 33331 |
| | AMBR | Harnza Mushtaq |
| | | 15720 SW 51st Munor SW |
| | | Ranches, FL 33331 |
| | | |
| , | | |
| | | |
| | (Use attachment if necessary) | |
| f an ef ie date <u>iote:</u> I ic doct | fective date is listed, the date must be of filing.) | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed int of State's records. |
| | REQUIRED SIGNATURE: | Aki Mushtag |
| | Signature of a l | member or an authorized representative of a member. cuted in accordance with section 605,0203 (1) (b), Florida Statutes. |

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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