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Florida Department of State

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Division of Corporations

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Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353

Fax Number : (305)675-8465

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

FLORIDA LIMITED LIABILITY CO. MD BABAR ORLANDO LLC

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COVER LETTER

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SUBJECT		AR ORLANDO LLC			.,	
SOBOLC,	·	Name o	Limited 1	iability	Company	
The enclos	sed Articles of	Organization and feet	s) are subn	nitted fo	r filing.	
Please retu	ırn all correspo	ondence concerning thi	s matter to	the fol	lowing:	
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	2626 LEE R	OAD				
				Adhes	3	CO.
	WINTER PA	ARK, FL 32789				
	INFO@EXPF	RESSTAXSVCS.COM	-	ite and I	Zip C ide	12:20
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For further i	nformation co	ncerning this matter, p	lease call:			
	МОПАММЕ		305 t (206-0259	
	Nin	a of Person			Daytime Telephone	: Number
Enclosed i	s a check for t	he following amount:				
⊡\$125.00) Filing Fee	□\$130.00 Filing Fe Certificate of Status	c C	ertified	00 Filing Fee & Copy copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end coec)
	New F Divisio P.O. B	igAddress iling Section on of Corporations ox 6327 assee, FL 32314		N TI 24	rect Address ew Filing Section Di- ne Centre of Tallaha (15 N. Monroe Stree illahassee, FL 3230)	ssee at, Suite 810

1 21 ×

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

To:

The name of the Limited Liability Company is:

MD BABAR ORLANDO LLC

(Must contain 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:	<u>Mailing Address</u> :		
26 LEE ROAD	5201 HARRISON ST		
INTER PARK, FL 32789	HOLLYWOOD, FL 33021		

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:

MOHAMMED BAB	AR	
	מואל	
5201 HARRISON ST		
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
HOLLYWOOD	FL	33021
Clv	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 Fis 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 Opper 605. ISS

Mohammed Babar
Registered Agent's Signature (REQ) RED

(CONTINUED)

0.

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	MOHAMMED BABAR	
	-		
Him est	AMBR	5201 HARRISON ST HOLLYWOOD, FL 33021	
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	REQUIRED SIGNATURE:	chammed Babar	
	This document is executed I am aware that any false in	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	
	MOHAMMED BAI	BAR Typed or printed name of sign €	
	\$125.00 Filing Fee for Articles of Organ \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	Filing Fees: ization and Designation of Registered Agent	

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