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(Request	tor's Name)	· · · · · · · · · · · · · · · · · · ·
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# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Mission Project L.L.C.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Shahab Aalshahabi
Name of Person
<b>~</b>
Firm/Company S
3690 W Gandy Bl. 3
Address
al 3 Shaha Dity/State and Zip Code
813 Shahab Jamail. Com 5
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32314

Tallahassee, FL 32303

# $ARTICLES \, OF \, ORGANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mission Project L.L.C.
(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:  Mailing Address:  Mailing Address:  Tampa F 3361
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:  Shahab Hand Shahab  Name  Shahab Hand Blud  Florida street address (P.O. Box NOT acceptable)  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)

# ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager "MGR" = Manager (Use attachment if necessary) ARTICLE V: 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

ARTICLE VI: Other provisions, if any.

### REQUIRED SIGNATURE:

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.8[17.155, F.S.

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)

the document's effective date on the Department of State's records.

I shahab Aal Shahabi,
In releasing the dolanmont Name
Mission projects L.L.C. Document &
W25 800049021, To the New L.C.
Being Formed.

04/10/2025

Shuhab Aalshahabi