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FLORIDA CAPITAL COURIER SERVICES, INC. 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from the account: <u>120210000160</u>: \$125.00 Authorization Signature 12590 Griffin Enterprises LLC **Business Name** #Document Walk in Will wait Certified Copy of Articles of Organization Certificate of Status **NEW FILINGS AMENDMENTS** \_\_\_ Profit \_\_\_. \_Amendment \_\_\_Resignation of Member/MGR Not for Profit \_X\_\_ LLC \_\_\_\_ Change of Registered Agent Domestication Revocation of Dissolution \_\_\_ Conversion INC **CORP** \_\_Statement of Authority LLLP Merger **DISSOLUTION OTHER FILINGS REGISTRATION/QUALIFICATIONS** TRANSMITTAL LETTER Foreign Filing Partnership Fictitious Name -Reinstatement Statement of CORRECTION Statement of Authority \_\_\_\_Withdraw of Authority to conduct business Domestication \_\_\_ APOSTIL COUNTRY Other

EXAMINER'S INITIALS:

## **COVER LETTER**

	w Filing Sec vision of Co					
SUBJECT:		ffin Enterprises LL	.c			
30000001.		Nam	e of Limi	ted Liabilit	y Company	
The enclose	d Articles of	`Organization and f	ee(s) are	submitted f	or filing.	
Please retur	n all corresp	ondence concerning	this mat	ter to the fo	llowing:	
	Mohamad N	1untaser				
				Name of F	Person	_
				Firm/Con	pany	
	1020 W Sur	nrise Blvd				
				Addre	SS	
	Fort Lauder	dale, FL 33311				
			Cit	y/State and	Zip Code	
<u> </u>		ountantsnow.com E-mail address: (to	be used for	or future an	nual report notificati	on)
For further in	formation co	ncerning this matte	r, please o	call:	·	
;	Mohamad Muntaser		954 _at (	954 696-6132		
_	Nam	e of Person	Are	a Code	Daytime Telephone	e Number
Enclosed is	a check for t	he following amour	11;			
<b>≡</b> \$125.001	Filing Fee	□\$130.00 Filing Certificate of Sta		Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ag Address iling Section on of Corporations fox 6327 assee, FL 32314		N T 2	treet Address lew Filing Section Di the Centre of Tallaha 415 N. Monroe Stree allahassee, FL 3230.	issee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Enterprises LLC				
(Mu:	st contain the words "Limited Lia	ability Company, "L	L.C.," or "LLC.")		
FICLE II - Address: mailing address and s	reet address of the principal offi	ce of the Limited Li	ability Company is:		
<u>P</u>	rincipal Office Address:		Mailing Address:		
1020 W Sunris	e Blvd	1020 W	V Sunrise Blvd		
			Fort Lauderdale, FL 33311		
CICLE III - Registere Limited Liability Conner business entity wi	et Registered Office, & npany cannot serve as its own R th an active Florida registration.  Street address of the registered as	Registered Agent's egistered Agent. Yo	s Signature:	l or	
TICLE III - Registere e Limited Liability Cou ther business entity wi	ed Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration.  street address of the registered a	Registered Agent's egistered Agent. Yo	s Signature:	l or	
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TICLE III - Registere e Limited Liability Cou ther business entity wi	ed Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration.  street address of the registered a Andre Kattoura	Registered Agent's egistered Agent. Yo ) gent are: Name	s Signature: u must designate an individual	l or	
TICLE III - Registere e Limited Liability Cou ther business entity wi	ed Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration.  street address of the registered a Andre Kattoura	Registered Agent's egistered Agent. Yo ) gent are: Name	s Signature: u must designate an individual	l or	

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager  AMBR  Mohamad Muntaser 1020 W Sunrise Blvd Fort Lauderdale, FL 33311  (Use attachment if necessary)  "ICLE V: Effective date, if other than the date of filing:	
Mohamad Muntaser  1020 W Sunrise Blvd  Fort Lauderdale, FL 33311	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
ICLE V. Effective data if other than the data of filing:	-
n effective date is listed, the date must be specific and cannot be more than five business days prior to \$290 date of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.	
ICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:  Mohamad Muntaser	
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.817.155, F.S.	
Mohamad Muntaser  Typed or printed name of signee	
Typed or printed name of signee	
rue o	

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)