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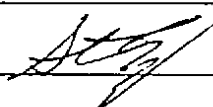
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 •  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Khoury Consultants LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by: SETH 06/17

Name Date Time

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RA Resignation  
Dissolution / Withdrawal  
Annual Report / Reinstatement  
Cert. Copy  
Photo Copy  
Certificate of Good Standing  
Certificate of Status  
Certificate of Fictitious Name  
Corp Record Search  
Officer Search  
Fictitious Search  
Fictitious Owner Search  
Vehicle Search  
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UCC 11 Retrieval  
Courier

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** KHOURI CONSULTANTS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO E CORDOVA

Name of Person

DE CORDOVA & CO ACCOUNTANTS AND BUSINESS CONSULTANTS

Firm/Company

7300 NORTH KENDALL DRIVE, SUITE 201

Address

MIAMI, FL 33156

City/State and Zip Code

DIEGO@DECCPA.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO E CORDOVA      305      925-0131  
Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

KHOURI CONSULTANTS 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:

Mailing Address:

478 BAY LANE

Same as Principal Office Address

KEY BISCAYNE, FL 33149

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:

DIEGO E CORDOVA

Name

7300 NORTH KENDALL DRIVE, SUITE 201

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33156

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 IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

KHALIL KHOURI  
478 BAY LANE  
KEY BISCAYNE, FL 33179

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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

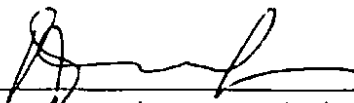
**ARTICLE VI:** Other provisions, if any.

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

\_\_\_\_\_

\_\_\_\_\_

**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.817.155, F.S.

DIEGO CORDOVA

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)