1 1990000008809

Florida Department of State Division of corporations Registration Section PO Box 6327 Tallahassee, Fl 32314

November 19th, 1999

Re: Registration of COMMREZ CONSTRUCTION CO.LTD.

Dear Sir,

Enclosed please find a check for \$160.00 to cover the cost of registration for a Limited Liability Company called COMMREZ CONSTRUCTION CO.LTD, together with the Articles of Organization. Please send me a certificate of Status and a Certified Copy. Sincerely

Saeed Farshid

Managing Director

Daytime phone: 828-4234

W99-27290

400003053924--7 -11/24/99--01044--017 ****160.00 ****160.00

(3)

STORE TARY OF STATE INVISIONS CORPORATIONS



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

SINIST PHIZ: 10

November 30, 1999

SAEED FARSHID 4913 CASON COVE DR., SUITE 228 ORLANDO, FL 32811

SUBJECT: COMMREZ CONSTRUCTION CO. LTD.

Ref. Number: W99000027290

We have received your document for COMMREZ CONSTRUCTION CO. LTD. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $(850)\ 487-6094$.

Agnes Lunt Document Specialist

Letter Number: 399A00056626

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE'I - Name:		
The name of the Limited Liability Company is:	COMMREZ	CONSTRUCTION TO
	COMPANY	
ARTICLE II - Address:	- 0	
The mailing address and street address of the prin	cinal office of the Limit	ad Liability Company in
4913 CASON COVE D		ed Liability Company is:
		. •
SUITE 228 ORLANDO, FL 32811		
ARTICLE III - Registered Agent, Registered C	office & Decistored Ac	rantia Siamaturna a
ANTICLE III - Negisiereu Agent, Negisiereu C	ince, & Registered Ag	ent's Signature:
The name and the Florida street address of the reg	istered agent are:	
Saced	Farshid	5
	Farshid Name	
4913 CASON C	OUE DR. SUITE 22	8 ofth R
	P.O. Box NOT acceptable)	10 %
ORLANDO	<u>FL 3281</u>	<u> </u>
City, S	tate, and Zip	
statutes relating to the proper and complete perfor accept the obligations of my position as registered		
Sage La	alail	
Register	ed Agent's Signature	
A-42-1- TX7 3-8	**	
Article IV - Management (Check box if applic		
The Limited Liability Company is to be man	aged by one manager or	more managers and is,
therefore, a manager - managed company.		
(An additional article must be ac	lded if an effective date	is requested)
Signature of a member or a		e of a member.
(In accordance with section 60	8 408(3) Florida Statutes th	ae execution
of this document constitutes a	n affirmation under the pena	
that the facts stated herein are	true.)	
SAEED	FARSHID	L L L HIPP
Typed or pr	FARSHID inted name of signee	
•		

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)