# L080000 69739

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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OB JUL 21 PN 1:50

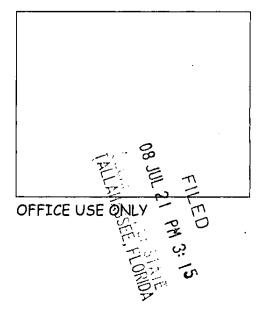
B. KOHR

JUL 21 2008

**EXAMINER** 

OB JUL 21 PH 3: 15

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

**ENTITY NAME:** 

AHMED 4, L.L.C.

CK# 3433

AMOUNT \$25.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

\_\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Ahmed 4, L.L.C.	
(Name of Foreign Limited Liability Company; mus	t include "Limited Liability Company," "L.L.C.," or "LLC.")
	purpose of transacting business in Florida and attach a copy of the written ne alternate name. The alternate name must include "Limited Liability
2 <sub>.</sub> Missouri	3. 26-2769636
(Jurisdiction under the law of which foreign limited liab company is organized)	ility (FEI number, if applicable)
June 10, 2008	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5. N/A	2
(Date first transacted business (See sections 608.501 & 608.50	(Duration: Year limited hability company will cease to exist or "perpetual")  in Florida, if prior to registration.)  2 F.S. to determine penalty liability)
7. 11 Long Meadows Lane, St. Louis, Missouri 6313	1
(Street Ad	dress of Principal Office)
If limited liability company is a manager-man	aged company, check here 🗹
The name and usual business addresses of the	managing members or managers are as follows:
. The hame and about business saucesses of the	managing memoris or managers are as tone no.
Shakeel Ahmed, 11 Long Meadows Lane, St. Lou	uis, Missouri 63131
0. Attached is an original certificate of existence, no more tha	an 90 days old, duly authenticated by the official having custody of records in
	ntocopy is not acceptable. If the certificate is in a foreign language, a
anslation of the certificate under oath of the translator must b	e submitted)
1. Nature of business or purposes to be conduct	ted or promoted in Florida: Real Estate Ownership and
Management	
deloud	
	an authorized representative of a member.
· ·	B(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)
Harlon D. Keel, Authorized R	

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of t	the Limited Liability Company is:
Ahmed 4, L.L.C.	
If name unavaila	able, the alternate name to be used in the state of Florida is:
2. The name and	d the Florida street address of the registered agent and office are:
	NRAI Services, Inc.
-	(Name)
	2731 Executive Park Drive, Suite 4
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
_	Weston FL 33331
	City/State/Zip
liability company agent and agree to relating to the proobligations of my NRAI Services, Inc.  By:	ted as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes oper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.  (Signature)  (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

### STATE OF MISSOURI



Robin Carnahan Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

#### AHMED 4, L.L.C. LC0900171

was created under the laws of this State on the 10th day of June, 2008, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 21st day of July, 2008

n Camahan

Secretary of State

Certification Number: 10931815-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification