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(F	Requestor's Name)		
(A	ddress)		
(A	ddress)		
(C	city/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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11/10/08--01809--011 **160.00



M. THOMAS

EXAMINER

COVER LETTER

_	tration Section on of Corporations		
SUBJECT:	Amina Properti	es, LLC	
	(Name of Limi	ted Liability Company)	
Florida," Cert		bility Company for Authorization to Transac bmitted to register the above referenced fore	
Please return	all correspondence concerning this ma	atter to the following:	
	Howard M. Persinge	er, Jr.	FIGURES OF STATE
	(Nar	me of Person)	
	Howard M. Persinge		
	(Firm	m/Company)	COMPANY STA
	Post Office Box 125	58	- <u> </u>
		(Address)	_
	Williamson, WV 256	661	
	(City/Sta	te and Zip Code)	_
For further in	formation concerning this matter, plea	ase call:	
Hov	ward M. Persinger, Jr.	_at (_304_) 235-2000	 -
	(Name of Person)	(Area Code & Daytime Telephone Num	ber)
Division P.O. B	ING ADDRESS: on of Corporations lox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: .00 Filing Fee \$\sum \frac{130.00}{2}\$ Filing Fee \$\text{Certificate of } \$\frac{1}{2}\$.	\$155.00 Filing Fee & \$\square\$\$160.00 Filing Fee, Status Certified Copy of Status &	Certificate & Certified Copy

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.	Amina Properties, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
2.	Kentucky 3 200291920
۷.,	Kentucky (Jurisdiction under the law of which foreign limited liability company is organized) 3. 800291920 (PEl number, if applicable)
4	9/10/08 5 Perpetual
••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	型。 第6章
0,	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	305 Central Avenue
	South Williamson, KY 41503
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Munizeh Haider - 305 Central Avenue, So. Williamson, KY 41503
	Ahsen Ali, M.D 305 Central Avenue, So. Williamson, KY 41503
	* '
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a appropriate to of the certificate under oath of the translator must be submitted.)
11	Nature of business or purposes to be conducted or promoted in Florida: Real Estate
	Munisch Haider
	Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)
	Munizeh Haider
	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.

A ***
BIED OF STATE

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 608, Florida Statutes.

Filing Fee for Application \$ 100.00 Designation of Registered Agent \$ 25.00 Certified Copy (optional) 30.00 Certificate of Status (optional) 5.00

9/30/2008

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 70529

Jurisdiction: Howard M. Persinger, Jr., L.C.

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

AMINA PROPERTIES, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is September 10, 2008.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 30th day of September, 2008.



Trey Grayson

Secretary of State
Commonwealth of Kentucky
70529/0713243