

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

# FLORIDA LIMITED LIABILITY CO. ARAFAT ABIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### ARAFAT ABIR 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:

2423 SW 147th Ave #2114

2423 SW 147th Ave #2114

STE 300

STE 300 Miami

Miami

Florid 33185

Florid 33185

# 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:

### Registered Agents Inc

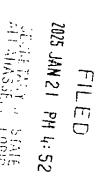
Name		
7901 4th St N S		STE 300
Florida street addres	ss (P.O. Box <u>N</u> 0	OT acceptable)
St. Petersburg	FL	33702
City	State	Zip

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..

David Keberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	(Please see MGR ID attached)
MGR	ABIR	
	Viti Jagrarchar	
	Bancharampur_Brahmanbaria_3420_BD	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of effective date is listed, the date must be subsequently be subsequently and the document's effective date on the Department of the document's effective date on the Department.	pecific and cannot be more than fi meet the applicable statutory filing	ive business days prior to or 90 days after
ARTICLE VI: Other provisions, if any, Purpose: E-commerce		<del> </del>
REQUIRED SIGNATURE: Signature of a n	Land John Man	/
This document is exec I am aware that any fal	uted in accordance with section 605 se information submitted in a docure felony as provided for in s.817.1	5.0203 (1) (b). Florida Statutes. nent to the Department of State
Robin	Jones	
	Typed or printed name of signe	e

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)