

## Florida Department of State

Division of Corporations  
Electronic Filing

H250000516913

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000051691 3)))



H250000516913ABCS

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

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

Email Address: AIMET@EXPRESSTAXSVCS.COMFLORIDA LIMITED LIABILITY CO.  
PRIME PUFF 2 LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

2025 FEB 11 PM 2:10  
STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PRIME PUFF 2 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:

HOSSAM ADEL M. M. MEKKAWI  
Name of Person  
PRIME PUFF 2 LLC  
Firm/Company  
8833 BISCAYNE BLVD  
Address  
MIAMI SHORES, FL 33138  
City/State and Zip Code  
AIMET@EXPRESSTAXSVCS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOSSAM ADEL M. M. MEKKAWI 561 888 - 3851  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

2025 FEB 11 PM 2:10  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIME PUFF 2 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:

8833 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

8833 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

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:

HOSSAM ADEL M. M. MEKKAWI

Name

8833 BISCAYNE BLVD

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

MIAMI SHORES      FL      33138

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..*

Hossam Adel M.M. Mekawi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2025 FEB 11 PM 2:10  
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR \_\_\_\_\_

HOSSAM ADEL M. M. MEKKAWI \_\_\_\_\_

8833 BISCAYNE BLVD \_\_\_\_\_

MIAMI SHORES, FL 33138 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

ANY AND ALL LAWFUL BUSINESS \_\_\_\_\_

\_\_\_\_\_

REQUIRED SIGNATURE:

*Hossam Adel M.M. Mekkawi*

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.

HOSSAM ADEL M. M. MEKKAWI \_\_\_\_\_

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)

2025 FEB 11 PM 2:10  
FILED  
STATE  
FL