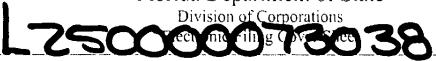
Florida Department of State



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.

(((H25000063167 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138

: (786)239-9353

Phone 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:					

FLORIDA LIMITED LIABILITY CO. EL PRINCIPE KHALIL LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

	ew Filing Section lvision of Corporations			
	EL PRINCIPE KHALIL LLC			
SUBJECT	Name of L	Limited Liabi	lity Company	
The enclos	ed Articles of Organization and fee(s)	are submitted	d for tiling.	
Please retu	rn all correspondence concerning this	matter to the	following:	
	SHADY IBZIE IBZIE			
		Name o	t' Person	
	EL PRINCIPE KHALIL LLC			
		Firm/Co	ompany	
	3602 NW 183RD ST MIAMI GARE	DENS, FL 33	056	
		Add	ress	
	3602 NW 183RD ST MIAMI GARE	DENS, FL 33	056	
	AIMET@EXPRESSTAXSVCS.COM	City/State at	nd Zip Code	.,
_	E-mail address: (to be use	ed for future	annual report notificati	ion)
For further in	nformation concerning this matter, plea	ase call:		
	SHADY IBZIE IBZIE	305	364-5123	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amount:			
□\$125.00	Filing Fee ☐\$130.00 Filing Fee Certificate of Status	Certif	iS.00 Filing Fee & ied Copy (at copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Di The Centre of Tallaha	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Aimet Arenas

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EL PRINCIPLE KHALIL 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:
3602 NW 183RD ST	3602 NW 183RD ST
MIAMI GARDENS, FL 33056	MIAMI GARDENS, FL 33056

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:

SHADY IBZIE IBZIE		
;	Same	
3602 NW 183RD ST		
Florida street address (P.O. Box <u>NOT</u> a	cceptable)
MIAMI GARDENS	FI,	33056
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.,

(CONTINUED)

Shady Abzis. Abzis.

Registered Agent's Signature (REQUIRED)

A	R	77	CI	F	W.	
	,,					-

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

Title:		Name and Address:		
	uthorized Member			
"MGR" = Ma	-			
AMBR		SHADY IBZIE IBZIE 3602 NW 183RD ST	_	
		MIAMI GARDENS, FL 33056		
			_	
			_	
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(Use attachine	ent if necessary)			
	ted in this block does not meet the date on the Department of	et the applicable statutory filing requirements, this date will no State's records.	ot be lis	ited as
TICLE VI: Other pa	ovisions, if any.			-
REQUIRED	signature: Shadu c	Sozie Sozie ber or an authorized representative of a member.		
	 This document is executed I am aware that any false in 	ber or an authorized representative of a member. I in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.	•	
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			_	
	SHADY IBZIE IBZ	Tiend or printed name of ciones	ائت	
	SHADY IBZIE IBZ	Typed or printed name of signee	83.	
	SHADY IBZIE IBZ	Typed or printed name of signee Filing Fees:	5 FEB 19	3. 10.
	ng Fee for Articles of Orgai	Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent		
\$ 30.00 Cer		Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent	-EB 19 AH	30 A84 04