

To:

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2025 FEB 21 20:15 GMT

11/16/2015

From: Aimet Arenas

# L25000067528

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : 120220000138  
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.COM

## FLORIDA LIMITED LIABILITY CO. 27 SCOOTERS LLC

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

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FLORIDA DEPARTMENT OF STATE

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: 27 SCOOTERS 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:

**THAMER ALMASRI**

Name of Person

**27 SCOOTERS LLC**

Firm/Company

**680 SW 27 AVENUE BAY 4**

Address

**FORT LAUDERDALE, FL 33312**

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:

**THAMER ALMASRI**

at ( **786** )

**333 - 3973**

Name of Person

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

27 SCOOTERS 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:

680 SW 27 AVENUE BAY 4  
FORT LAUDERDALE, FL 33312

Mailing Address:

680 SW 27 AVENUE BAY 4  
FORT LAUDERDALE, FL 33312

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

THAMER ALMASRI

Name

680 SW 27 AVENUE BAY 4

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

FORT LAUDERDALE FL 33312

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..*

Thamer Almasri

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 THAMER ALMASRI - STATE  
 FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR \_\_\_\_\_

THAMER ALMASRI  
680 SW 27 AVENUE BAY 4  
FORT LAUDERDALE, FL 33312

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Thamer Almasri*

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.

THAMER ALMASRI

\_\_\_\_\_  
Typed or printed name of signer

**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)