Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**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. TEMUJIN HOLDINGS 1 LLC Certificate of Status 1 Certified Copy 1 Page Count 04 Estimated Charge \$160.00 : `

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COVER LETTER

	New Filing Se Division of Co				
SUBJEC	Temujin F	Holdings 1 LLC			
501151.0	••	Name	of Limited Liabi	lity Company	
The enclo	sed Articles of	FOrganization and fee	e(s) are submitted	I for filing.	
Please reti	urn all corresp	ondence concerning t	his matter to the	following:	
	Brian Levy				
			Name o	Person	· · · · · · · · · · · · · · · · · · ·
	J2 Legal Gr	oup, PLLC			
			Firm/Co	ompany	· · · · · · · · · · · · · · · · · · ·
	16276 Anda	ilucia Lane			
			Add	ess	
	Delray Beac	th, FL 33446			
	raj.vanjani@	gmail.com	City/State ar	ad Zip Code	
		E-mail address: (to be	used for future	annual report notificat	ion)
For further i	information co	oncerning this matter,	please call:		
	Brian Levy		561 at (702-8309	
	Nam	ne of Person	Area Code	Daytime Telephor	ne Number
Enclosed i	s a check for t	he following amount:			
□\$125.00) Filing Fee	□S130.00 Filing F Certificate of State	is Certiti	5.00 Filing Fee & ed Copy al copy is enclosed)	#\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ny Address Tiling Section on of Corporations Ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assoc et, Suite 810

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Temujin Holdings 1 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: Malling Address: 6412 QUEENS BOROUGH AVE 6412 QUEENS BOROUGH AVE **APT 307 APT 307** ORLANDO, FL 32835 ORLANDO, FL 32835 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:

 Comiter, Singer, Baseman & Braun, LLP

 Name
 3825 PGA BOULEVARD, SUFFE 701

 Florida street address (P.O. Box NOT acceptable)
 PALM BEACH GARDE) FI
 33410

 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

. . . .

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<u>Title:</u> "AMBR"	- Authorized Men	ber	Name and Address;
"MGR" =			
<u>MGR</u>		_	VANJANI, RAJ
			6412 QUEENSBOROUGH AVE, APT 307 ORLANDO, FL 32835
		<u>-</u>	ON (3/110/2/11 0 32000)
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