



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

X001706136

Date Filed: 10/4/2021

Expiration Date: 10/4/2026

John R. Ashcroft

Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00)

(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☒ New Registration ☐ Renewal ☐ Amendment ☐ Correction

Charter number

Charter number

Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: FAT BEE DRINKS

Business Address: 880 NW Blue Pkwy SUITE L-101

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Lees Summit, MO 64086-6039

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
KHALIQ, SABEEN		14820 Slater St	Overland Park, KS	66221 - 2204	70.00
KHAN, MUHAMMAD M		14820 Slater St	Overland Park, KS	66221 - 2204	30.00

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

SABEEN KHALIQ

Owner's Signature or Authorized Signature of Business Entity

SABEEN KHALIQ

Printed Name

10/04/2021

Date

MUHAMMAD M KHAN

Owner's Signature or Authorized Signature of Business Entity

MUHAMMAD M KHAN

Printed Name

10/04/2021

Date

Name and address to return filed document:

Name: HUONG NGUYEN

Address: Email: ntn_huong@yahoo.com

City, State, and Zip Code: _____



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

LC014326200
Date Filed: 10/4/2021
Effective: 10/5/2021
John R. Ashcroft
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is

SAMY LLC

(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "LLC," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

TO OPERATE A BUSINESS IN MISSOURI AS ALLOWED UNDER MISSOURI LAWS

3. The name and address of the limited liability company's registered agent in Missouri is:

SABEEN KHALIQ 880 NW Blue Pkwy SUITE L-101

Lees Summit, MO 64086-6039

Name

Street Address: May not use PO Box unless street address also provided

City/State/Zip

4. The management of the limited liability company is vested in: ☐ managers ☒ members (check one)

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address):

(Organizer(s) are not required to be member(s), manager(s) or owner(s))

Name

Address

City/State/Zip

KHALIQ, SABEEN

14820 Slater St

Overland Park KS
66221-2204

KHAN, MUHAMMAD M

14820 Slater St

Overland Park KS
66221-2204

7. ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:

☐ The limited liability company gives notice that the series has limited liability.

New Series:

☐ The limited liability company gives notice that the series has limited liability.

New Series:

☐ The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: HUONG NGUYEN

Address: Email: ntn_huong@yahoo.com

City, State, and Zip Code: _____

8. Principal Office Address (OPTIONAL) of the limited liability company (PO Box may only be used in addition to a physical street address):

880 NW Blue Pkwy SUITE L-101

Lees Summit, MO 64086-6039

Address (PO Box may only be used in conjunction with a physical street address)

City/State/Zip

9. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: : 10/5/2021

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

SABEEN KHALIQ

Organizer Signature

SABEEN KHALIQ

Printed Name

10/04/2021

Date of Signature

MUHAMMAD M KHAN

Organizer Signature

MUHAMMAD M KHAN

Printed Name

10/04/2021

Date of Signature