Division of Corporations Electronic Filing Cover Sheet

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.

(((H17000023565 3)))



H170000235653ABC\$

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019

Phone Fax Number

: (305)552-5973 : (305)675-5944

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

Cast Address:	Ensil	Address:		_
---------------	-------	----------	--	---

FLORIDA LIMITED LIABILITY CO. AMETHYST BUSINESS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130,00

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

DocuSign Envelope ID: E6A40DD8-EB85-499F-8007-A395F06E0345

H17000023565

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Amethyst Business, 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:

11251 NW 20th Street Suite 119 Miami, Fl 33172

11251 NW 20th Street Suite 119 Miami, FL 33172

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

Giulia Di Labio

11251 NW 20th Street, Suite 119 Miami, FL 33172

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.

> Giulia Di Labio EC9A947585EE482...

25/01/2017

Registered Agent's Signature

(CONTINUED) Page 1 of 2

01/25/2017 14:59

7 14:59 3052201440

DocuSign Envelope ID: E6A40DDB-EB25-499F-8007-A395F06E0345

H17000023565

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGR

Giulia Di Labio

MGR

Michele Genovese

REQUIRED SIGNATURE:

Giulia Di Labio

25/01/2017

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Giulia Di Labio

Typed or printed name of signee

Page 2 of 2