

L 17000035353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

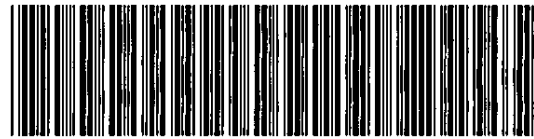
(Business Entity Name)

(Document Number)

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2017 MAY 12 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 15 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AM BUSINESS INVESTMENTS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOS HOLIDIS  
Name of Person

AM BUSINESS INVESTMENTS LLC  
Firm/Company

6050 BOULEVARD EAST, #12D  
Address

WEST NEW YORK, NEW JERSEY 97093  
City/State and Zip Code

CHRISHOLIDIS@USA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS HOLIDIS at ( )  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: AM Business Investments LLC.

**SECOND:** The Florida Document Number of the limited liability company is:

L17000035353

**THIRD:** The street address of the limited liability company's principle office is:

6050 Boulevard East, #12D, West New York, New Jersey 07093

The mailing address of the limited liability company's principle office is:

6050 Boulevard East, #12D, West New York, New Jersey 07093

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May form all companies in the State of Florida.

a. Granted to: Christos Holidis

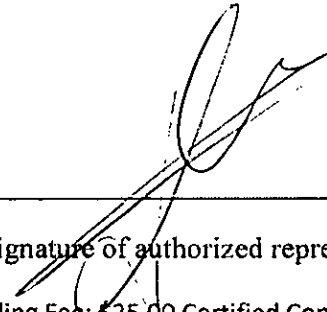
2. May apply for Employer Identification Number (EIN).

a. Granted to: Christos Holidis

3. May open banks accounts with SIGNATURE BANK located at 9003 Avenue, Brooklyn, New York 11209.

a. Granted to: Christos Holidis

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TALLAHASSEE FLORIDA

  
\_\_\_\_\_  
Signature of authorized representative

Athina Mari  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)