# L22000483067

(Requestor's Name)
(Address)
(vicaless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



600396758756

S. CHATHAM

RECEIVED 2022 NOV 14 PM 12: 57 FALLAHASSEE, FLOP

# CT CORP

# 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** \_\_\_\_\_11/14/2022

ate:	11/14/202	22	a: DW
	Acc#I201	60000072	an: Cook
Amli Mia	ni LLC	_	
1463619	5		
Plain: COGS:		0	
	Amli Miar  14636195  Certific Plain: COGS:	Acc#I201  Amli Miami LLC  14636195  Country of D Number of C  Certified:  Plain: COGS:	Acc#I20160000072  Amli Miami LLC  14636195  Country of Destination:  Number of Certs:  Certified:  Plain: COGS:

Thank you

## COVER LETTER

**New Filing Section** 

TO:

Di	ivision of Cor	rporations			
SUBJECT	. Amli mi	ami LLC			
SUBJECT	·	Name of	Limited Liabi	lity Company	·
The enclose	ed Anicles of	Organization and fee(	s) are submitte	d for filing	
Please retu	m all correspo	ondence concerning thi	s matter to the	following:	
	Gary A. Lev	inson			
			Name o	f Person	
	Levinson &	Gritter LLP			
			FirmVC	ompany	
	Museum Pla	za, 9th Floor, 200 Sou	th Andrews A	venue	
		······	Add	ress	
	Fort Lander	dale, FL 33301			
	gary@lgdlaw	firm.com	City/State a	nd Zip Code	
			ised for future	annual report notificat	ion)
For further in	nformation co	ncerning this matter, p	lease call:		
	Gerald Gritte		954 I (	683-0898	
	Nam	c of Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for t	he following amount:			
团\$125.00		□\$130.00 Filing Fe Certificate of Status	certi:	55,00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	og Address iling Section on of Corporations fox 6327 assec. FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Amli Miami LLC (Must contain	the words "Limited	Liability Company."	"L.L.C" or "LLC.")	<del></del>
·	. The troids Billings	amounty toompuny,	2.12.11, 11. 17.2.1.	
ARTICLE II - Address: The mailing address and street address	ress of the principal o	ffice of the Limited I	Liability Company is:	
Principal Office Address:		Mailing Address:		
1101 North Southlake Drive			1101 North Southlake Drive	
Hollywood, Florida 33	9019	Holly	ywood, Florida 33019	<del></del>
<del></del>		<del></del>		
ARTICLE III - Registered Agent				
	ANDOL SELVE BS ITS OWN	-Repistered Avent. Y	/nu must designate an individual c	or
another business entity with an act			ou must designate an individual o	or
another business entity with an act	ive Florida registratio	on.)	ou must designate an individual o	or
The name and the Florida street ad-	ive Florida registration	on.)	ou must designate an individual o	or
The name and the Florida street ad-	ive Florida registratio	on.)	ou must designate an individual o	or
The name and the Florida street ad-	tive Florida registration dress of the registered Lisa L. Liotta	nn.) I agent are: Name	ou must designate an individual o	or
The name and the Florida street ad-	ive Florida registration	nn.) I agent are: Name :e Drive		
another business entity with an act. The name and the Florida street ad-	dress of the registered Lisa L. Liotta  1101 North Southlak Florida street address	on.) I agent are:  Name te Drive s (P.O. Box <u>NOT</u> ac	eceptable)	
another business entity with an act. The name and the Florida street ad-	dress of the registered Lisa L. Liotta  1101 North Southlak Florida street address Hollywood	nn.) I agent are: Name :e Drive		
another business entity with an act. The name and the Florida street ad-	dress of the registered Lisa L. Liotta  1101 North Southlak Florida street address Hollywood City	Name Se Drive S (P.O. Box <u>NOT</u> ac Florida State	cceptable) 33019 Zip	
another business entity with an act The name and the Florida street add  Having been named as registered ago	dress of the registered Lisa L. Liotta  1101 North Southlak Florida street address Hollywood City  rent and to accept serv	Name te Drive s (P.O. Box <u>NOT</u> ac Florida State	cceptable)  33019  Zip  above stated limited liability comp	
another business entity with an act The name and the Florida street add Having been named as registered agolace designated in this certificate. I further agree to comply with the prov	tive Florida registration dress of the registered Lisa L. Liotta  1101 North Southlak Florida street address Hollywood City tent and to accept service the appointment of all statutes r	Name  Drive s (P.O. Box <u>NOT</u> ac  Florida  State  ice of process for the continent as registere elating to the proper	23019  Zip  above stated limited liability complet and agree to act in this call and complete performance of my confidence of my complete performance perfor	PANY STORES OF COMPANY at the spacity. I duties, and I
another business entity with an act. The name and the Florida street ad-	tive Florida registration dress of the registered Lisa L. Liotta  1101 North Southlak Florida street address Hollywood City tent and to accept service the appointment of all statutes r	Name  Drive s (P.O. Box <u>NOT</u> ac  Florida  State  ice of process for the continent as registere elating to the proper	23019  Zip  above stated limited liability complet and agree to act in this call and complete performance of my confidence of my complete performance perfor	PANY STORES OF COMPANY at the spacity. I duties, and I

(CONTINUED)

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MCP" = Manager	Name and Address:		
"MGR" = Manager	Lisa L. Liotta 1101 North Southlake Drive Hollywood FL 33019	<b>-</b> - -	
<del></del>		<u>-</u> -	
		<del>-</del> - -	
			) (V)
(Use attachment if necessary)		AON 22	
If an effective date is listed, the date must be speci he date of filing.)	filing:		, 1,3°C
ARTICLE VI: Other provisions, if any.			17.
REQUIRED SIGNATURE:	la Citat		
This document is executed	ber or an authorized representative of a member. in accordance with section 605,0203 (1) (b), Florida Statutes, iformation submitted in a document to the Department of State		

constitutes a third degree felony as provided for in s.817.155, F.S.

Gerald W. Gritter
Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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