

Florida Department of State
Division of Corporations
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 Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850) 922-4003

From:
 Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 541-3694
 Fax Number : (305) 541-3770

LIMITED LIABILITY COMPANY

AMELIA EXCLUSIVE PROPERTIES, A LIMITED LIABILITY CO

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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 TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 20, 2000

EMPIRE CORPORATE KIT COMPANY

SUBJECT: AMELIA EXCLUSIVE PROPERTIES

REF: W00000001550

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: H00000003125
Letter Number: 300A00002677

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

The name of the Limited Liability company is:

AMELIA EXCLUSIVE PROPERTIES, A LIMITED LIABILITY COMPANY

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6495 Indian Creek Drive
Miami Beach, Fl. 33141

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

ARTICLE IV - Management
(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by a members and the name(s) and address(es) of such managing member(s) is/are:

LEONEL LOPES
6495 Indian Creek Drive
Miami Beach, Fl. 33141

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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Not given.

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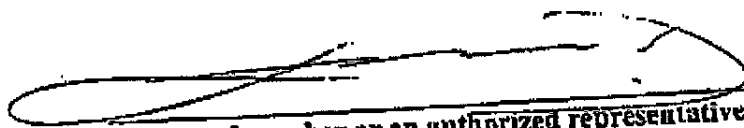
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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The right to continue Business.

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Signature of member or an authorized representative of a member.

(In accordance with section 604.40893, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LEONEL LOPES

Typed or printed name of signee

Filing Fee: \$250 for Articles and Affidavit

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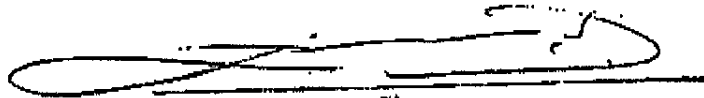
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**Certificate of Designation of
Registered Agent/Registered Office**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
AMELIA EXCLUSIVE PROPERTIES, A LIMITED LIABILITY COMPANY
2. The name and the Florida street address of the registered agent are:
LEONEL LOPES
6495 Indian Creek Drive
Miami Beach, FL 33141

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.



Signature

Filing Fee: \$35 for Designation of Registered Agent

00 JAN 31 AM 10:00

STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE SERVICES

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