## \*\*\*\*125.00 \*\*\*\*125.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy ☐ Will wait ☐ Mail out Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent ☐ Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

A.N.M. Wholesale, Ltd. Co.

## **ARTICLE II - Address:**

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

18533 Ambly Lane Tampa, Florida 33647

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

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

Mohamed A. Fawaz			
Name			
18533 Ambly Lane			
Florida street address (P.O. Box NOT acceptable)			
Tampa - FL 33647			
City, State, and Zip			

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 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more manager.	anagers	and i	is,
therefore, a manager - managed company.	- SEE	00 DEC 19	<u> </u>
(An additional article must be added if an effective date is requested	(bx	9 PH	LEO
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	The second secon	5: 00	

Typed or printed name of signee

Filing Fees:

Mohamed A.

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)