



L010000000898

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

1/18/01

CS
GS

☒ **CERTIFIED COPY**

☐ **CUS**

☐ **PHOTO COPY**

☒ **FILING** *LL*

1.) Amastis International LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

000003553160--7
-01/18/01--01018--011
****160.00 ****160.00

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

APPROVED
AND
FILED
JAN 18 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LB
1-18-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: AMASTRIS INTERNATIONAL L.L.C..

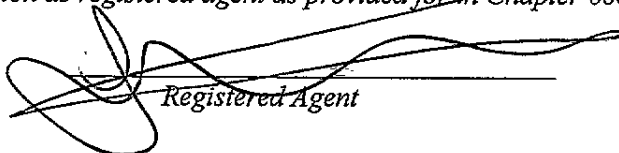
ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: Care of Louis D. Zaretsky, Esq. at 555 NE 15TH STREET, SUITE 100, MIAMI, FL. 33132

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

The name and the Florida street address of the registered agent:
LOUIS D. ZARETSKY
555 NE 15th Street, Suite 100
Miami, FL. 33132

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

ARTICLE IV- Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager- managed company.


Signature of a member or an authorized representative of a member

In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true

SHAYA BOYMELGREEN

APPROVED
AND
FILED
01 JAN 18 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA