

# L020000001493

Division of Corporations

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## Florida Department of State

Division of Corporations

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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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## LIMITED LIABILITY COMPANY

AMCO RETAIL, LLC

Name Availability	
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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE 1. - NAME**

The name of the Limited Liability Company is **AMCO RETAIL, LLC**

**ARTICLE 2. - ADDRESS**

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

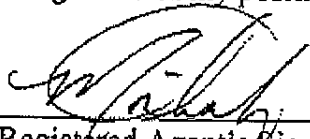
**145 East 49<sup>th</sup> St.  
Hialeah, Florida 33013**

**ARTICLE 3. - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

**Monika Hernandez  
145 East 49<sup>th</sup> St.  
Hialeah, Florida 33013**

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

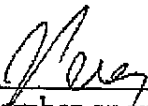
**ARTICLE IV - MANAGEMENT**

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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  
By: Ileana Perez

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

Ileana Perez  
\_\_\_\_\_  
Typed or printed name of signee

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