

W04000021485

Florida Department of State
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

A.M. SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATIONS

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②

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

A.M. Services, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address:

9240 N.W. 44th Court

City, State & Zip:

Coral Springs, FL 33065

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

Name

Gulshakar Abdullah

Address (P.O. Box NOT Acceptable)

9240 N.W. 44th Court

City, State, Zip

Coral Springs, FL 33065

ARTICLE IV - Liability

No liability may be incurred on behalf of the LLC without the consent of all members.

ARTICLE V - Corporate Existence

This LLC shall not be dissolved upon the death, dissolution, or bankruptcy of a member but shall be continued by the remaining members.

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

Date: 3/1/04

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 Anwar Mithavayani

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.

Anwar Mithavayani
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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