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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Consider the street to the Cities Office
Special Instructions to Filing Officer.

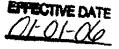
Office Use Only



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DIVISION OF CORPORATION:



COVER LETTER

	Registration Se Division of Co					
SUBJEC	r: <u>Am</u>	ar Realty. (Name of Limite	LLC. d Liability Company)		-	
The enclo	osed Articles o	f Organization and fee(s) are s	ubmitted for filing.			
Please ret	urn all corresp	ondence concerning this matte	er to the following:			
_	Ge.	etu Udnani	Name of Person)			_
	Ama	r Realty	LLC Firm/Company)		20 b 5	DIVIG
	13310	S.W. 96	Street		DEC -	CHETAR
_	Miai	ni FL	(Address) 33186) PH 2:	Y OF S IA
		(City	/State and Zip Code)		8	IN IN
For furthe	r information	concerning this matter, please	call:			
Geet	tu U	dnani	at (305 720 (Area Code & Daytime Te	-7313 C		
	(Name	of Person)	(Area Code & Daytime Te	lephone Number)		
Enclosed	is a check fo	or the following amount:				
\$125.00	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is en	us &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

11

(Must end with the words "Limited Liability Company,"	'Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13310 SW 96 Street	same
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of GetHu	Udnani Name O C C C C C
_ Wiami	et address (P.O. Box NOT acceptable) FL 33186 tate, and Zip
Having been named as registered agent an	d 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 (REQUIRED)

(CONTINUED)
Page 1 of 2



<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Geetu Udnani
Total	13310 5 W - 96 Street
	MIAM! FL 33186
	
Use attachment if necessary)	
•	dut of 61: 1/1/2001 (OPTIO
LE V: Effective date, if other than the	date of filing: 1/1/2006. (OPTIO
ffective date is listed, the date must be	date of filing: 1/1/2006. (OPTIO e specific and cannot be more than five business
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sec	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)