

FROM : LAZARUS  
Division of Corporations

FAX NUMBER : 305-220-1440

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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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : T20000000019  
Phone : (305)552-5973  
Fax Number : (305)220-1440

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**AMG INVESTMENT & DEVELOPMENT L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

3/1

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Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 28 AM 9:13

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
AMG INVESTMENT & DEVELOPMENT L.L.C.

ARTICLE I- NAME

The name of the Limited Liability Company is:

AMG INVESTMENT & DEVELOPMENT L.L.C.

ARTICLE II-ADDRESS

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


2121 N.W. 79<sup>TH</sup> Avenue  
Doral, Florida 33122

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S  
SIGNATURE

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

Fabio Moblicci  
2121 N.W. 79<sup>th</sup> Avenue  
Doral, Florida 33122

Having been named as registered agent 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.

  
Fabio Moblicci

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Feb. 28 2006 12:27PM P3

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AMO INVESTMENT & DEVELOPMENT L.L.C.

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of the manager is as follows:

<u>Title</u>	<u>Name and Address</u>
MGR	Fabio Moblicci 2121 N.W. 79 <sup>th</sup> Avenue Doral, Florida 33122

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Fabio Moblicci

(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 therein are true).

  
\_\_\_\_\_  
Fabio Moblicci

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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