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2008 JUN -4 PH 12: 35
SECRETARY OF STATE

T. CLINE
JUN - 5 2008

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations
SUBJECT:	AMARA FASHIOWS LLC (Name of Limited Liability Company)
The enclosed Articles	s of Organization and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Madeline Jimenez - Santana (Name of Person)
	Amara Fastions LLC (Firm/Company)
	8495 South Dixie Hwy
	Migmi, FL 33157-6817 (City/State and Zip Code)
For further information	on concerning this matter, please call:
Madeline (Nam	on concerning this matter, please call: Timene 2 - Santangat (786) 214 - 1952 High and the state of Person (Area Code & Daytime Telephone Number) Physical Code (Area Co
Enclosed is a check	for the following amount:
_	Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Credition Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
AMARA FASHION (Must end with the words "Limited Liability	S LUC ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
18495 South Dixie Hwy Miami, FL 33157-6817	18495 South Dixie Hwy Miani, FL 33157-10817	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or inother	
The name and the Florida street address of the registered agent are:		
<u>Madeline</u> Jimes	M — 11	
14551 SW 15	SS CT. FLORIT	
, •	ress (P.O. Box NOT acceptable)	
<u> Miamil</u>	FL 33196	
City, State, ar	ւս Հւթ	

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 (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	Madeline Jimenez - Santana 14551 SW 158 CT. Miami , FL 33196
MGRM	Ricardo Santana 14551 SW 159 (T. Miami, FL 33196
MGRH	Carmen Jimenez 14481 SW 157 Pa+H Wigmi, FL 33196
MGRM	Renee Jimenez 14481 SW 157 PEHN Wiami IFL 33196
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED	SIGNATURE:

Madeline Jimux Dimlemm 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.)

Madeline <u>Jimenez-Santana</u>

Typed or printed name of signee

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RETARY OF STATE

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)