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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

amazing asian massage, llc

Certificate of Status	. 0
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Page Count	03
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S. HAWKES

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**EXAMIN** 

Electronic Filing Menu Corporate Filing Menu

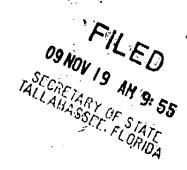
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https://efile.sunbiz.org/scripts/efilcovr.exe

EMPIRE CORP KIT

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PAGE 01/03



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Amazing Asia	n Massage, LLC
(Mu	st end with the words "Limit	d Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Ad	- 10	
The mailing addres	s and street address of	the principal office of the Limited Liability Company
Principal Office A	.ddress:	Mailing Address:
206 NW 135(h.A.	enue	206 NW 135th Avenue
Plantation, FL 33		
(The Limited Liability Co	egistered Agent, Reg	Piantation, El. 33325  stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
(The Limited Liability Co business entity with an a	egistered Agent, Regumpany cannot serve as its overtwe Florida registration.) Florida street address of	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:
(The Limited Liability Co business entity with an a	egistered Agent, Regumpany cannot serve as its overtwe Florida registration.) Florida street address of	stered Office, & Registered Agent's Signature: n Registred Agent. You must designate an individual or another
(The Limited Liability Co business entity with an a	egistered Agent, Regumpany cannot serve as its overtwe Florida registration.) Florida street address of Bruce J	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another  f the registered agent are:  Benenfeld, P.A.  Name
(The Limited Liability Co business entity with an a	egistered Agent, Regumpany cannot serve as its over the forida registration.) Florida street address of Bruce J	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another  f the registered agent are:  Benenfeld, P.A.
(The Limited Liability Co business entity with an a	egistered Agent, Regumpany cannot serve as its over the forida registration.) Florida street address of Bruce J	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another  f the registered agent are:  Benenfeld, P.A.  Name  erce Parkway, Suite 207  is (P.O. Box NOT acceptable)

(CONTINUED)

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## Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Harvey Abraham 206 N.W. 135th Avenue Plantation Fi 33325 (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: Signature of a member or an authorized representative of a member. (In accordance with serion 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.) Bruce J. Benenfeld, Authorized Representative Typed or printed name of signee 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)

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Page 2 of 2

PAGE 03/03