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Florida Department of State
Division of Corporations
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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.****

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**FLORIDA LIMITED LIABILITY CO.
AMAAL LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: AMAAL LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 4100 SALZEDO STREET, SUITE 508, CORAL GABLES, FL 33146

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

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

BADER ALESSA

Name

4100 SALZEDO STREET, SUITE 508

Florida Street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33146

City

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

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TALLAHASSEE, FLORIDA

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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.

ARTICLE V - The name and address of managing members/managers are:

TITLE MGRM
BADER ALESSA
4100 SALZEDO, SUITE 508
CORAL GABLES, FL 33146

TITLE MGRM
WAEI ALTHUWAINI
4100 SALZEDO, SUITE 508
CORAL GABLES, FL 33146

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(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member

(In accordance with section 608.406 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

BADER ALESSA

Typed or printed name of signer

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