01/03 US scripls/cfilcovr.ext пцрз: 04/12/2011 Forida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H110000961453))) H110000961453ABC. Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : LAZARUS CORPORATE FILING SERVIC Account Number : I2000000019 Phone : (305) 552~5973 m Fax Number : (305)220-1440 **Enter the email address for this business entity to be used for fill annual report mailings. Enter only one email address please. * Orn Email Address: FLORIDA LIMITED LIABILITY CO. AME INTERNATIONAL LLC T. CLINE APR 12 PM 4: RECEIVED Certificate of Status 1 Certified Copy Q 1 101 APR 1 3 2011 Page Count 03 A STATISTICS EXAMINER Estimated Charge \$130,00 **Electronic Filing Menu** Corporate Filing Menu Help

04/12/2011 14:29 04/12/2011 11:56 FAX	3052201440 3055836079	LAZARUS	• • •	PAGE 02/03 (2001	
•		、			
	, H 1	1000006145			
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY					
	E 1 - Name: e of the Limited Liability (Company is:			
AME TINTERNATIONAL LLC					
	E U - Address:	s "Limited Liability Company. "L.J., C., " or "U ress of the principal office of the Lin	ALLA	and a second sec	
Principal	Office Address:	Making Address:	SSE	N	
<u>7950</u> <u>Hian</u>	NW 53rd ST #215 1 FL 33166	7950 NW 53 Niani 72 33			
(The Limiter		L. Registered Office, & Registered as in own Registered Agent. You must designation.)		ຍ] ເມ	

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

Hiso AcuiAs				
Name				
14335 JW 1204 JT # 211				
Floride street address (P.O. Box NOT acceptable)				
MiAMi FL 3318C				
City, State, and Zip				

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 standes relating to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my positiggas registered agent as provided for in Chapter 608, F.S.

Regilized Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

H11000096145

LAZARUS

PAGE 03/03 002

2

A

دنې دنې m

04/12/2011 11:56 FAX 3055538079

POD I UM# Z

H11000086145

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	Name and Address:
"MGRM" - Managing Member	
MGR	PEDRO PEREZ 7950 NW 53 ~ 57 # 211 Highy: Fr 33166
	<u></u>
·	
· · ·	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______ (OPTICAL) (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 phonene of an autourized 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.)

PEDRO PEREZ

Typed or printed name of signee

Filing Feer:

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

Page 2 of 2

H11000096145