

L11000128451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

November 3rd 2011

Ambar Group Distributor, LLC
13902 Corrine Key Place
Orlando, FL. 32824

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

Re: Document Number: L10000111129

I am authorizing the enclosed articles of Limited Liability Company to be filed, due to the Fact that I have no intentions on reinstating and I am releasing the name of Ambar Group Distributor, LLC with Document number L10000111129 to be filed as a new LLC.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lorella Perdomo', with a stylized flourish at the end.

Lorella Perdomo

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMBAR GROUP DISTRIBUTOR LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PERDOMO, LORELLA

Name of Person

AMBAR GROUP DISTRIBUTOR LLC

Firm/Company

13902 CORRINE KEY PLACE

Address

ORLANDO, FL. 32824

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PERDOMO, LORELLA

Name of Person

at (**732**) **900-3729**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Street/Courier Address
Registration Section
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:

AMBAR GROUP DISTRIBUTOR, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

PERDOMO, LORELLA
13902 CORRINE KEY PLACE
ORLANDO, FL. 32824

Mailing Address:

PERDOMO, LORELLA
13902 CORRINE KEY PLACE
ORLANDO, FL. 32824

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PERDOMO, LORELLA

Name

13902 CORRINE KEY PLACE

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32824

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 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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

PERDOMO, LORELLA

13902 CORRINE KEY PLACE

ORLANDO, FL. 32824

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/03/2011. (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 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LORELLA PERDOMO

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)