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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H120001110193)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: UCC FILING & SEARCH SERVICES, INC. Account Name

Account Number : I19980000054 Phone : (850)681-6528

Fax Number : (850)681-6011

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

Smail A	_:seerbb	MMONAHAN @ TAVALO. COM
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## FLORIDA LIMITED LIABILITY CO. AMELIA STATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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APR 25 2012

EXAMME

P. 02

(((H12000111019 3)))

(((m)2000311019	3)))
	ORIDA LIMITED LIABILITY COMEANY
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMEANY 😼 💛
ARTICLE I - Name:	· · · · · · · · · · · · · · · · · · ·
The name of the Limited Liability Company is:	
	***
Amelia State, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Tavaco Properties, LLC	Tavaco Properties, LLC
9229 W. Sunset Blyd. Suite 310	9229 W. Sunset Blvd. Suite 310
West Hollywood, CA 90069	West Hollywood, CA 90089
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: cred Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
NRAI Services, Inc.	
Name	
515 East Park Avenue	(DO Day MOT annually)
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32301

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..

City, State, and Zip

NRAI Services, Inc.

Registered Agent's Signature (REQUIRED)

Ed Hand, Asst Secretary

(CONTINUED) Page 1 of 2

(((H12000111019 3)))

Title: "MGR" = Manager "MGRM" <del>=</del> Managing Member	Name and Address:	MILADR 24 M. C. S. F. COR. S. F. F.
MGRM	Andrew Tavakoli 9229 W. Sunset Blvd., Suite 310 West Hollywood, CA 90069	ORDER OF
(Use attachment if necessary)  LE V: Effective date, if other than	the date of filing:	(OPTIONAL)
Tective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five	business days prior
REQUIRED SIGNATURE:		

Filing From:

\$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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Typed or printed name of signee