

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : W. KEVIN RUSSELL, P.A.
Account Number : I20050000181
Phone : (941) 429-1871
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tachanamimoto@hotmail.co.jp

FLORIDA LIMITED LIABILITY CO.
Amimoto, LLC

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**ARTICLES OF ORGANIZATION OF AMIMOTO, LLC,
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Aminoto, LLC."

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is: 912 Las Palmas Court, Port Charlotte, FL 33980.

ARTICLE III — Registered Agent:

The name and the Florida street address of the initial registered agent are: Takeo Manabe, 912 Las Palmas Court, Port Charlotte, FL 33980.

ARTICLE IV — Management:

The Company is to be managed by two manager or more managers and therefore is a manager-managed company. The managers shall be Takeo Manabe and Yuko Morimizu, their address is 912 Las Palmas Court, Port Charlotte, FL 33980.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 3 day of August, 2012.



Takeo Manabe

Typed or printed name of signee

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.

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
OF AMIMOTO, LLC.**

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 912 Las Palmas Court, Port Charlotte, FL 33980. 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 under Chapter 608, Florida Statutes.

Takeo Manabe

Typed or Printed Name

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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