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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
AMTOGLOMA 2 L.L.C.**

Certificate of Status	1
Certified Copy	0
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:

AMTOGLOMA 2 L.L.C.*(Must end with the words "Limited Liability Company, L.L.C. or LLC")*

## ARTICLE II - Address:

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

Principal Office AddressMailing Address

4334 Mahogany Ridge Drive  
 Weston  
 33331 Florida

4334 Mahogany Ridge Drive  
 Weston  
 33331 Florida

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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 of the Florida street address of the registered agent are:

MANUEL PRADAS

4334 Mahogany Ridge Drive

Weston 33331, FL

*Having 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 appointments 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)

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

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

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## Title:

MGR = Manager

MGRM = Managing Member

## Name and Address:

## President

MANUEL PRADAS  
4334 Mahogany Ridge Drive  
Weston 33331, FL

## Vice President

MANUEL PRADAS  
4334 Mahogany Ridge Drive  
Weston 33331, FL

## Director

AMAURY PRADAS  
4334 Mahogany Ridge Drive  
Weston 33331, FL

## Director

TOMAS PRADAS  
4334 Mahogany Ridge Drive  
Weston 33331, FL

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ARTICLE V: Effective date, if other than the date of filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)

## REQUIRED SIGNATURE



Signature of member or an authorized representative of member.

(In accordance with the section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under 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.)



Typed or printed name of signee

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