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T. HAMPTON

(850) 245-6051.

COVER LETTER

то:	Registration S Division of Co							
CUBI	Ama	zing World Pr	oducts					
SUBJE	<u> </u>		ed Liability Compa	nny				
The en	closed Articles of	f Organization and fee(s) are	submitted for filing	,				
Please	return all corresp	ondence concerning this matt	er to the following:	:				
		Paul	Zampieri	į				
			Name of Person					
		Amazing	World Pr	oducts				
	. - .		Firm/Company					
	4008 Hudson Terrace							
			Address					
		Tampa	a Fl. 336	18				
			y/State and Zip Code					
-		ZOIZDI E-mail address: (to be used to	oker@gmai					
For fur	ther information of	concerning this matter, please	·	······································				
_	ul Zamp		813	300-53	157			
1 a	•	of Person	_ at (& Daytime Telep				
Casta	ond in a short Co	andha Callania a ann an						
		or the following amount:		_				
⊒ \$125.	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate of S (additional copy is enclosed) Certified Copy		\$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	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations wilding ecutive Center C see, FL 32301	ircle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION	FOR FLORIDA LIVIT ED LIADIL	III COMPANI
ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
Amazing World Products LLC.	·	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Li	ability Company is:
	o p p o o 2 2	acing company io.
Principal Office Address:	Mailing Address:	
4008 Hudson Terrace	same	
Tampa Fl. 33618		
		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)		
The name and the Florida street address	s of the registered agent are:	
	Paul Zampieri	
	Name	
40	08 Hudson Terrace	
Florida	street address (P.O. Box <u>NOT</u> acceptable)	
	Tampa _{FL} 33618	
***************************************	City, State, and Zip	
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	t and to accept service of process for the nated in this certificate, I hereby accept t nis capacity. I further agree to comply w I complete performance of my duties, and ion as registered agent as provided for i	the appointment as with the provisions of d I am familiar with
Registered Age	amuen' nt's Signature (REQUIRED)	SECRETA DIVISION OF 13 MAY 1
•		<u>ω</u>
(0	CONTINUED)	AM II
	Page 1 of 2	H: I

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

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

	- Manager	Name and Address:
	" = Managing Member	
MGR		Paul Zampieri
		4008 Hudson Terrace
		Tampa FI.33618
MGRM		Craig Yanson
		4008 Hudson Terrace
		Tampa Fi.33618
		
-		
		
(Use attac	chment if necessary)	
,	•	n the date of filing: (OPTION)
LE V: E	ffective date, if other tha	in the date of filing: (OPTIONA
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LE V: Eleffective do or 90 day	ffective date, if other that late is listed, the date sys after the date of filing RED SIGNATURE: Signature of a macordance with section	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document
LE V: Eleffective do or 90 day	ffective date, if other that late is listed, the date sys after the date of filing RED SIGNATURE: Signiture of a maccondance with section constitutes an affirmation	must be specific and cannot be more than five busine ig.) Zampen Exper or an authorized representative of a member.

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)

Typed or printed name of signee