

05/27/2032 04:37

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#75001/003

Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
AMPAT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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T. HAMPTON

05/27/2032 04:37

#7584 P.003/003

From:

07/16/2014 20:50

#043 P.002/004

H 14000169489

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ampat, 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:

Mailing Address:

Alejandro Landes
301 Ocean Drive, Apt. 405
Miami Beach, FL 33139

Alejandro Landes
301 Ocean Drive, Apt. 405
Miami Beach, FL 33139

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:

Alejandro Landes
Name

301 Ocean Drive, Apt. 405
Florida street address (P.O. Box NOT acceptable)

Miami Beach, FL 33139 FL
City 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company.

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Alejandro Landes

301 Ocean Drive, Apt. 405

Miami Beach, FL 33139

AMBR

Cristina Landes

22 N. 6th Street, Apt. 16F

New York, NY 11249

AMBR

Catalina Echavaria

1040 Biscayne Boulevard Apt. 3006

Miami, FL 33132

(Use attachment if necessary)

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 to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Alejandro Landes

Typed or printed name of signer

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