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SECRETARY OF STATE
TALLAHASSEE, FLORID,

Ellen 1128/14

COVER LETTER

	tegistration Section livision of Corporations		
SUBJECT	r: AMRITT AUT Name of Li	MORLD, LLC	<u>c.</u>
The enclos	sed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	arn all correspondence concerning this n	natter to the following:	
	STEVEN	TOHNSON Name of Person	
		Name of Person	
	AMBT TT A	UTO WORLD	
	- 1 first sales ()	Firm/Company	
	770 CI 84	Edmot	
	1332 SH 8"	Address	
	Pompano Bear Amrittlogistic E-mail address: to be use	L FL. 33069	
		City/State and Zip Code	
	Amrittlogistic	s @ gmail.con	
	E-mail address: (to be use	ed for future annual report notification	on)
For further	information concerning this matter, ple	ase call:	
100	Name of Person at (<u>954) 655-71.</u>	10
	Name of Person	Area Code Daytime Telep	bhone Number
Enclosed i	s a check for the following amount:		
_	_	□#155 00 Eiling Egg &	70140.00 Elling Egg
□ \$125.00 F	iling Fee \$\bigs\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addres	as a second
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporation	ns
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AMRITT AUTO HORLD	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 L	
Principal Office Address: Mailing Address	<u>:</u>
1332 SN 8th Street 4181 NW Rangement Reach, P. 33068. Landendal	e Lakes, FL 33309
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
STEVEN JOHNSOND Name	
4181 NW 34" Ave	
Florida street address (P.O. Box NOT acceptable)	
Lauderdale Lakes, FL 3335 City Zip	<u>9.</u>
City ' Zip	
Having been named as registered agent and to accept service of process for the the place designated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all statutes relating of my duties, and I am familiar with and accept the obligations of my position of the complex control of the con	registered agent and agree to act in this to the proper and complete performance
Registered Agent's Signature (REQUIRED) (CONTINUED)	14 AUG 21 SECRETAR
Page 1 of 2	21 PHI

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Steven Johnson		
MUR	Rompago Bach, A. 3306		
	Pompano Bach, A. 3306	<u>,8</u>	
			
			
(Use attachment if necessary)			
(Southernien in Novesbury)			
FICLE VI: Other provisions, if any.			<u> </u>
REQUIRED SIGNATURE:	~4.		_
(In accordance with-section 605.) constitutes an affirmation under t I am aware that any false informa	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trustion submitted in a document to the Department of States as provided for in s.817.155, F.S.)	ie.	
	Typed or printed name of signee	; 7	
	Filing Fees:	A UG	* * * * * * * * * * * * * * * * * * *
	nization and Designation of Registered Agent	21	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)) T.*		
	Page 2 of 2	ू रु: ⁽	اسب

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: