

L14000195855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000298538 3)))



H140002985383ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FILED
14 DEC 29 PM 2:45
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: agent@wilfilings.com

RECEIVED
14 DEC 29 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Amano Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FAX AUDIT # H14000298538 3

ARTICLES OF ORGANIZATION
OF
Amano Partners, LLC

FILED
14 DEC 29 PM 2:45
BUSINESS FILINGS OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company is: Amano Partners, LLC

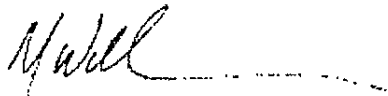
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
4517 Belkin Ct, Orlando, Florida 32814.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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..



Signature: _____
Mark Williams, A.V.P. *Business Filings Incorporated*

Date: *December 29, 2014*

ARTICLE IV MANAGERS/MEMBERS

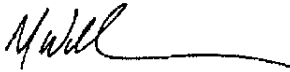
The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is:
Thomas Scarpello, 7040 Stapoint Ct, Winter Park, Florida 32792

FAX AUDIT # H14000298538 3

FAX AUDIT # HI4000298538 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Date: December 29, 2014

(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.)

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

FAX AUDIT # HI4000298538 3