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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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01/22/15--01013--004 **125.00

SECRETARY OF STATE

FEB - 3 2015

T. HAMPTON

COVER LETTER

то:	Registration Division of	a Section Corporations		
SUBJI	ECT: <u>72 SE</u>	6th Ave., LLC Name of Li	mited Liability Company	
The en	closed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please	return all corre	espondence concerning this n	natter to the following:	
	Katherin	e McGrath		
			Name of Person	
			Firm/Company	
	260 SW	Natura Ave.	4.11	
	•		Address	
	Deerfield	d Beach, Florida 33441		
			City/State and Zip Code	
_ka	atherinemcgra	athesquire@gmail.com	ed for future annual report notific	ation)
				ation)
For fur	ther information	on concerning this matter, ple	ase call:	
laram	ny Maraua	at (564 \ 7700452	
<u> Jeiell</u>	iy Marcus Nai	ne of Person	561) 7790153 Area Code Daytime Te	elephone Number
				·
Enclos	ed is a check fo	or the following amount:		
3 \$ 125.6	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address sistration Section	Street/Courier Add Registration Section	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
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:			
72 SE 6th Ave., LLC (Must end with the words "Limited Li	iability Co	nıpany, "L.L.C.	," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	·		•
Principal Office Address:	Mailing .	Address:	
260 SW Natura Ave. Deerfleid Beach, FL 33441	same as	Principal	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agency in the r	egistered A		
Name			
3113 Stirling Road, Ste, 103 Florida street address (P.O. Box N	<u>ЮТ</u> ассер	tabie)	_
Fort Lauderdale City	FL	33312 Zip	·
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	he appoints all statutes ations of m 605, F.S.	ment as register relating to the py position as re	ed agent and agree to act in this proper and complete performance

(CONTINUED)

Page 1 of 2

15 JAN 22 PH 12: 09
SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	•
AMBR	Halfpay International, LLC
,	260 SW Natura Ave.
	Deerfield Beach, FL 33441
	· · · · · · · · · · · · · · · · · · ·
	
(Use attachment if necessary)	
ective date is listed, the date must be filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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