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| (Re | equestor's Name) | |
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| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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To whom it may concern:

Attached is my application for LLC registration.

I am attaching a self-addressed prepaid envelope. Please approve and send the paperwork to me ASAP. If you have any questions, please call me on 248-444-5614.

Atul Kishore 28 Balfour Drive Bloomfield Hills, MI 48304-2100

15 APR 10 PH 3: @0
SECOND INVESTIGATE
PARTEANIASSEE, FLORIDA

COVER LETTER

| | legistration Division of C | Section Corporations | | | | | |
|-------------|-------------------------------|--|-------------------|--|--|---|--|
| SUBJECT | r: <u>AMDJ</u> I | Florida, LLC Name of Lir | nited Liability | Company | | | |
| The enclos | sed Articles | of Organization and fee(s) a | re submitted fo | or filing. | | | |
| Please retu | ırn all corre | spondence concerning this m | atter to the fol | lowing: | | | |
| | Atul & M | argaret Kishore | Name of Po | erson | | | |
| | | | Firm/Com | oany | | <u> </u> | |
| | 28 Balfor | ur Drive | Addres | S | | | |
| | Bloomfie | d Hills, MI 48304-2100 | City/State and | Zip Code | | | |
| | | mail.com E-mail address: (to be use n concerning this matter, plea | | nual report notific | ation) | | |
| Atul Kisho | | at (| 248) Area Code | 540-6988 Davime Te | lephone Number | | |
| . | | | | 24,2 | | | |
| Enclosed i | | or the following amount: ☐\$130.00 Filing Fee & Certificate of Status | Certified | Filing Fee & Copy copy is enclosed) | ☑\$160.00 Filin Certificate of Certified Cop (additional copy | Status & by (is enclosed) | |
| | Reg Div P.O | iling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314 | R D C 20 | treet/Courier Add egistration Section ivision of Corpora lifton Building 661 Executive Cen allahassee, FL 323 | tions ter Circle | 15 APR 10 PH 3: 80 SCONE WAY OF STATE ALEAHASSEE, FLORIDA | Constitution of the control of the c |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| AMOJ-Florida, LLC | |
| (Must end with the words "Limited Li | ability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office | ce of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Bloomlie Hills MI Bloomlie Hills MI | same |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) | egistered Agent. You must designate an individual or |
| The name and the Florida street address of the registered ag | gent are: |
| James M. mil | ler, Esq. |
| 116 S. Pork A. Florida street address (P.O. Box M. | OT acceptable) |
| Santard | FL 32771 Zip |
| 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 | |
| (CONTINUE) | D) |
| Page 1 of 2 | 15 APR 10 PH 3: @O SCURE INNE UP STAFE ALEAHASSEE, FLORIDA |

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| AMBR | Atul Kishore |
| 7.001051 | 28 Balfour Drive |
| | Bloomfield Hills, MI 48304-2100 |
| | |
| <u>AMBR</u> | Margaret Kishore |
| | 28 Balfour Drive Bloomfield Hills, MI 48304-2100 |
| | Biodifficia Filia, MT 40304-2100 |
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| (Use attachment if necessary) | |
| ective date is listed, the date must be a filling.) E VI: Other provisions, if any. | ate of filing: April 10, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 d |
| ective date is listed, the date must be a filling.) E VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 d |
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| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I (In accordance with section) | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document |
| retive date is listed, the date must be a filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a recordance with section constitutes an affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under the constit | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Commation submitted in a document to the Department of State |
| E VI: Other provisions, if any. E VI: Other provisions, if any. Signature of a recordance with section constitutes an affirmation un I am aware that any false infronstitutes a third degree fel | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.) |
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ARTICLE IV-