

L15000077629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2015 APR -8 P 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T SCHROEDER  
5415



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2015

AJITH GUNARATNE  
5620 BURNSIDE CIR  
TALLAHASSEE, FL 32312 US

SUBJECT: AMIS DAK LLC  
Ref. Number: W15000028224

We have received your document for AMIS DAK LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 715A00008122

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMIS DAK LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ajiith Gunaratne

Name of Person

AMIS DAK LLC

Firm/Company

5620 Burnside Cir

Address

Tallahassee, FL, 32312

City/State and Zip Code

ajithisu@gmail.com, dammikaab@gmail.com, kamalmster@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ajiith Gunaratne

Name of Person

at ( 850 ) 807 0486

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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)

**Mailing Address**

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

**Street/Courier Address**

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:

AMIS DAK 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:**

5620 Burnside Cir  
Tallahassee, FL  
32312

5620 Burnside Cir  
Tallahassee, FL  
32312

**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:

Ajith Gunaratne  
Name

5620 Burnside Cir  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32312  
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)

**FILED**  
2015 APR - 8 P 12: 05  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Ajith Gunaratne

5620 Burnside Cir

Tallahassee, FL, 32312, USA

AMBR

M.M. Kamal Munasinghe

95/B, Parakrama Mawatha, Thaladena

Battaramulla, Colombo, Sri Lanka

AMBR

Dhammika Abayakoon

136/2A, Uda Peradeniya

Peradeniya, Sri Lanka

(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:**

 4/29/15  
**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.)

Ajith Gunaratne

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)