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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(,	
(Document Number)	
Certified Copies Certificates of Status	_
Consideration of the Constant	٦
Special Instructions to Filing Officer:	





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COVER LETTER

TO: *Registration Section Division of Corporations	
SUBJECT: Amerikat 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:	
Daniel Rioba	
Name of Person	
Firm/Company	
Po Box 172101	<u> </u>
Hialeah, FL 33017 City/State and Zip Code D. daniclriobo@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kathryn Vasque Zat (786) 290-3823 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	4
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	s & ·
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
6431 NW 178 th Ter Miami Gardens, FL 33055	PO BOX 172101 Halcah FL 33017
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	Agent. You must designate an individual or
Florida street address (P.O. Bo	TCT x NOT acceptable)
Miami Gardens F City State	Zip
daving been named as registered agent and to accept service of proce- place designated in this certificate, I hereby accept the appointment a further agree to comply with the provisions of all statutes relating to the familiar with and accept the obligations of my position as register	s registered agent and agree to act in this capacity. I he proper and complete performance of my duties, and I
Paristand Agen	Pa Signatura (PEOLUPED)
Registered Agen	's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 AUG 175 PM 8: 3

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
		-/
. 1		/
<u>N/A</u>	·····	<u>, </u>
NIA		
		
N/A		, ,
•		
(Use attachment if necessary)		
RTICLE VI: Other provisions, if any.	it of State's records.	· .
	· · · · · · · · · · · · · · · · · · ·	
DECLUDED CICNATURE.		· .
<u>REOUIRED</u> SIGNATURE:	-001	•
Signature of a	nember or an authorized representative of	o mambou
This document is exec	cuted in accordance with section 605.0203 (1) lise information submitted in a document to the ree felony as provided for in s.817.155, F.S.	(b), Florida Statutes.
Do	aniel Riobo	
	Typed or printed name of signee	
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		Agent 5
	Page 2 of 2	3 1

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