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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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09/18/15--01008--010 **125.00

effective date 9-14-15 2015 SEP 18 PH 1: 34

COVER LETTER

	Registration Section Division of Corporations		
CUBIEC	Amy & Her Friends LLC		
SUBJEC'		Limited Liabil	ity Company
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the f	ollowing:
	Andrew Aidman		
		Name of	Person
		Firm/Co	mpany
	12320 Vista Lane		
		Addr	ess
	Miami, FL 33156		
	andrew.aidman@gmail.com	City/State an	d Zip Code
	E-mail address: (to be us	ed for future a	nnual report notification)
For further	information concerning this matter, ple	ase call:	
	Andrew Aidman	305	926-0995
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	0 Filing Fee & \$160.00 Filing Fee, ced Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing 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:

Amy & Her Friends LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	9-14-15
12320 Vista Lane	12320 Vista Lane	
Miami, FL 33156	Miami, FL 33156	

SECRETARIAN PA 1:34

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:

Rodger Aid	dman	
	Name	
6601 SW 80th St,	Suite 213	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Miami	Florida	33143
City	State	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..

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(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
4405	A
MGR	Andrew Aidman 12320 Vista Lane
	Miami, FI 33156
effective date is listed, the date must be	date of filing: September 14th, 2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.)	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lis
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