

10/06/2033

L150000196963

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000281135 3)))



H150002811353ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

15 NOV 25 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
AMANDA D&F COMPANY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 25 AM 9:18

APPROVED
AND
FILED

Corporate Filing Menu

Help

H15000281135

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Amanda D&F Company, LLC

ARTICLE II – Address:

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

Principal Office Address:

11251 NW 20th Street Suite 119
Miami, FL 33172

Mailing Address:

11251 NW 20th Street Suite 119
Miami, FL 33172

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced

Amanda Catala Urriola

11251 NW 20th Street, Suite 119
Miami, FL 33172

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

75 NOV 25 AM 9:13

APPROVED
AND
FILED

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

H15000281135

H15000281135
15 NOV 25 AM 9:10

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

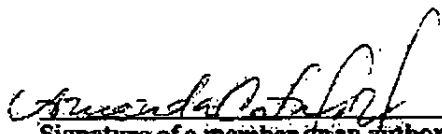
Title:

Name and Address:

MGR

AMANDA CATALA URRIOLA

REQUIRED SIGNATURE:



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.)

Amanda Catala Urriola

Typed or printed name of signee

H15000281135