(Red	questor's Name)	
(Add	dress)	
/A.J.		
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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FEB 1 6 2016 S. PRATIS



February 8, 2016

NORMAN BROOKS 13225 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181

SUBJECT: AMALI FOODS LLC Ref. Number: W16000009661

We have received your document for AMALI FOODS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6052.

Letter Number: 516A00002671

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC"	Amali Foods LLC		
SUBJEC		of Limited Liabili	y Company
The enclo	sed Articles of Organization and fee	e(s) are submitted	for filing.
Please ret	urn all correspondence concerning t	his matter to the fo	ollowing:
	Norman Brooks		
		Name of	Person
	Amali Foods		
		Firm/Cor	npany
	13225 Biscayne Island Terrace		
		Addre	SS
	North Miami, Florida 33181		
	normanbrooks33181@gmail.com	City/State and	Zip Code
		used for future a	nnual report notification)
For further	information concerning this matter,	please call:	
	Norman Brooks	786	9993126
	Name of Person	at ( Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		,
\$125.00 F		& \$155.00 Certifie	D Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	-	Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327	(	Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Amali Foods LLC				
(Must er	nd with the words "Limited	Liability Company, "L.L.	C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited Liabili	ty Company is:	16 FE
<u>Princ</u>	eipal Office Address:		Mailing Address:	FEB 16
13225 Biscayne Is	sland Terrace		ayne Island Terrace	
North Miami, Flor	rida 33181	North Mian	ni, Florida 33181	— PH
The name and the Florida stre	et address of the registered Norman Brooks	agent are:		
	Norman Brooks			
		Name		
	13225 Biscayne Island			
	Florida street address	(P.O. Box NOT acceptab	le)	
	North Miami, Florida	331		
	<del></del>			
	City	State	Zip	
Having been named as registere place designated in this certifico further agree to comply with the am familiar with and accept the	ed agent and to accept servic ate, I hereby accept the appo provisions of all statutes rel obligations of my position a	ce of process for the above intinent as registered agen lating to the proper and co	stated limited liability compan t and agree to act in this capac implete performance of my duti ideli for in Chapter 605, F.S	city. I

A D	FIC	1 17	١١	.7
AK	EIX.	LC		, -

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Norman Brooks	
AWDK	13225 Biscayne Island Terrace	
	North Miami, Florida 33181	<del>.</del>
		···
AMBR	Stephen Brooks	
	13225 Bisvcayne Island Terrace	
	North Miami, Florida 33181	
AMBR	Maraela Davea	
ANIDK	Marcela Reyes 650 West Avenue	<u></u>
	Miami Beach, Florida 33139	<u>e</u>
	Whathi Beach, Florida 33139	
AMBR	Jourdan Gray	5
<del></del>	4961 SW 62nd Avenue	<del>-</del> -0
	Miami, Florida 33151	
		••
	of filing: (OP	دة عد TIONAL) s prior to or 90
EV: Effective date, if other than the date ective date is listed, the date must be spenf filing.)	ecific and cannot be more than five business days neet the applicable statutory filing requirements, the	TIONAL) s prior to or 90
EV: Effective date, if other than the date ective date is listed, the date must be spen filling.) the date inserted in this block does not ment's effective date on the Department of	neet the applicable statutory filing requirements, the for State's records.	TIONAL) s prior to or 90
E V: Effective date, if other than the date excive date is listed, the date must be spend filing.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.	neet the applicable statutory filing requirements, the for State's records.	TIONAL) s prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menus document is execut I am aware that any false	neet the applicable statutory filing requirements, the for State's records.	TIONAL) s prior to or 90 his date will not  nber. lorida Statutes.
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menus document is execut I am aware that any false	neet the applicable statutory filing requirements, the of State's records.  A agent as provided  mber or an authorized representative of a memed in accordance with section 605.0203 (1) (b), Flatinformation submitted in a document to the Depa	TIONAL) s prior to or 90 his date will not  nber. lorida Statutes.

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)