

# L16000063779

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
AMAYA'S CENTENARIO NIGHT CLUB, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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*04/01/16*

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMAYA'S CENTENARIO NIGHT CLUB, 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:

199 S. State Road 7

751 SW 7<sup>th</sup> Street, #2

Margate, FL 33068

Pompano Beach, FL 33060

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

The name and the Florida street address of the registered agent are:

ROGER L. AMAYA

Name

199 S. STATE ROAD 7

Florida street address (P.O. Box NOT acceptable)

MARGATE, FL 33068

City, State, and 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.*

*R. Amaya*

Registered Agent's Signature (REQUIRED)

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**Article IV – Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address**

MGRM

ROGER L. AMAYA

199 S. State Road 7

Margate, FL 33068

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is required:**

**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.)

ROGER L. AMAYA

Type or printed name of signee

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