

L160000113789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

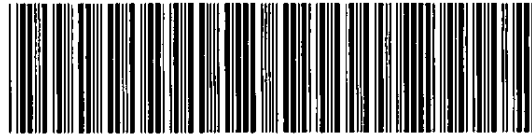
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286430899

06/09/16--01023--005 **125.00

FILED
16 JUN -9 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H. Culligan

JUN 15 2016

June 7, 2016

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

By FedEx

RE: AMALU Capital, LLC

Dear Sir:

In reference to the above entity, enclosed are the following:

1. Articles of Organization;
2. My check in the amount of \$125.00, representing your filing fee.

Please file the articles of organization, and forward me written confirmation of the same. Thank you for your anticipated prompt attention to this matter.

Very truly yours,


JEFFREY C. ROTH

JCR:gkm
Encls.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMALU CAPITAL LLC

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

1450 Brickell Avenue, Suite 1690

Miami, FL 33131

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:

Jeffrey C. Roth

Name

Roth & Scholl, 866 South Dixie Highway

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

Coral Gables,

FL

33146

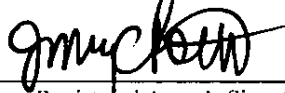
City

State

Zip

16 JUN -9 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Andrea Petersen

1450 Brickell Avenue, Suite 1690

Miami, FL 33131

AMBR

Alan Cooper

1450 Brickell Avenue, Suite 1690

Miami, FL 33131

AMBR

ADEC Trust

1450 Brickell Avenue, Suite 1690

Miami, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Andrea Petersen, Manager Member

Typed or printed name of signer

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)

16 JUN -9 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA