

# U6000113849

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
AMAYA PROPERTIES LLC**

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

112009

STATE  
TALLAHASSEE, FLORIDA

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H16000145028

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

***Amaya Properties LLC***

**ARTICLE II – Address:**

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

10970 SW 42<sup>nd</sup> Terrace  
Miami, FL 33165

**Principal Office Address:**

10970 SW 42<sup>nd</sup> Terrace  
Miami, FL 33165

**Mailing Address:**

10970 SW 42<sup>nd</sup> Terrace  
Miami, FL 33165

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

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

Roberto Amaya  
Name  
10970 SW 42<sup>nd</sup> Terrace  
Florida street address (P.O. Box not acceptable)  
Miami, FL 33165  
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..*

*Roberto Amaya*  
Registered Agent's Signature

(CONTINUED)

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JULIA A. HARRIS  
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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:**

"M" = Member

"MGRM" = Managing Member

**Name and Address:**

MGRM

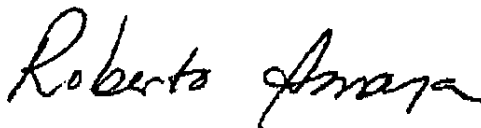
Roberto Amaya  
10970 SW 42<sup>nd</sup> Terrace  
Miami, FL 33165

**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.

**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.

Roberto Amaya

Type or printed name of signee

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