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.

Electronic Filing Co

(((H16000257420 3)))



H180002574203ABC

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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. AMMA ASSOCIATION LLC

0
1
03
\$155.00

16.0CT 18 AH 8: 59
SEURITARY OF SERVICE
TALLAHASSEE, FLORING

P. 001/003

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

OCT 19 2016

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

	imited Liability Co	om pan y is:		
AMMA Associat	ion LLC (Must end with	the words "Limit	ed Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address The mailing address		es of the principal	l office of the Limited Liability C	Company is:
Principal Office	Addres:		Mailing Address:	
14235 SW 85th	Street		14235 SW 85th Street	
Mami FL 3318	33 :		Mlami. FL 33183	
	entity with an activ	ress of the register		
	Ana Riera I			
		Nai	The state of the s	
•		B5th Street et eddress (P.O. B	Box <u>NOT</u> acocpmble)	
	Miami,		FL 33183	
	· · · · · · · · · · · · · · · · · · ·	City	2ip	•
the place design capacity. I find	grated in this certifier agree to comply and it can familiar w	Scate, I hereby acc y with the provision Wh and accept the	service of process for the above s sept the appointment as registered as of all statutes relating to the pr obligations of my position as regi apper 603, F.S.	i agent and agree to act in this oper and complete performance
the place design capacity. I find	grated in this certifier agree to comply and it can familiar w	Scate, I hereby acc y with the provision Wh and accept the	rept the appointment as registered as of all statutes relating to the problem of my position as registered appear 603, F.S.	i agent and agree to act in this oper and complete performance

<u>Citie:</u>	Name and Address:
'AMBR" = Authorized Member	•
'MGR" - Manager	
AMBR/MGR	And Riera Estrada
	14235 SW 85th Street
•	Miami FL 33183
AMBR/MGR	Miquel Estrada
	14235 SW 85th Street
•	Mami, Fl. 33183
•	
(Use attachment if necessary)	
stive date is listed, the date mu if filing.)	the date of filing: (OPTIONAL) it he specific and counst be more than five business days prior to or f
ctive date is listed, the date mu if filing.)	t he specific and connot be more than five business days prior to or f
etive date is listed, the date must filling.) E VI: Other provisions, if any.	t he specific and connot be more than five business days prior to or f
ective date is listed, the date must filling.) E.VI: Other provisions, if any. REQUIRED SEGNATURE:	t be specific and connet be more than five business days prior to or f
netive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SEGNATURE:	the specific and connot be more than five business days prior to or s
ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SEGNATURE: Signature	the specific and connot be more than five business days prior to or so that the specific and connot be more than five business days prior to or so that the specific and speci
ective date is listed, the date must filling.) E VI: Other provisions, if any. BEOUTHED SECRETURE: Signstare (In accordance with secondarites an affirmatical and affirmatic	of a member of an authorized representative of a member. tion 603,0203 (1)-(b). Florida Statutes, the execution of this document on under the genalities of perjury that the facts stated horein are true.
etive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SEGNATURE: Signature (In accordance with secondations an affirmation of the provisions an affirmation of the provisions are affirmation).	of a member of an authorized representative of a member. ction 603,0203 (1) (b). Florids Sistings, the execution of this document on under the penalties of perjury that the facts stated herein are true, as information authoritied in a document to the Department of State
etive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SEGNATURE: Signature (In accordance with secondations an affirmation of the provisions an affirmation of the provisions are affirmation).	of a member of an authorized representative of a member. tion 603,0203 (1)-(b). Florida Statutes, the execution of this document on under the genalities of perjury that the facts stated horein are true.
EVI: Other provisions, if any. EVI: Other provisions, if any. Signature (In accordance what any fall constitutes a third degree	of a member of an authorized representative of a mamber. ction 605,0203 (1)-(b). Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, as information submitted in a document to the Department of State are felony as provided for in x,817.155, F.S.)
EVI: Other provisions, if any. EVI: Other provisions, if any. Signature (In accordance what any fair aware that any fair constitutes a third degree	of a member of an authorized representative of a mamber. ction 605,0203 (1)-(b), Florids Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, so information authorited in a document to the Department of State are fellows as provided for in x,817,155, F.S.) Typed or printed name of signee
EVI: Other provisions, if any. EVI: Other provisions, if any. Signature (In accordance what any fair aware that any fair constitutes a third degree	of a member of an authorized representative of a mamber. ction 605,0203 (1)-(b), Florids Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, so information authorited in a document to the Department of State are fellows as provided for in x,817,155, F.S.) Typed or printed name of signee
EVI: Other provisions, if any. EVI: Other provisions, if any. Signature (In accordance what any fair aware that any fair constitutes a third degree	of a member of an authorized representative of a mamber. ction 605,0203 (1)-(b), Florids Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, so information authorited in a document to the Department of State are felony as provided for in x,817,155, F.S.) The Entrada
EVI: Other provisions, if any. EVI: Other provisions, if any. Signature (In accordance what see sonstitutes at affirmat) I am aware that any fail constitutes a third degree	of a member of an authorized representative of a mamber. Ition 605,0203 (1)-(b). Florida Statutes, the execution of this document on under the penaltics of perjury that the facts stated horein are true, as information submitted in a document to the Department of State are felony as provided for in x,817.155, F.S.) Typed or printed same of signee
EVI: Other provisions, if any. EVI: Other provisions, if any. Signature (In accordance what any fair aware that any fair constitutes a third degree	of a member of an authorized representative of a mamber. ction 605,0203 (1)-(b), Florids Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, so information authorited in a document to the Department of State are fellows as provided for in x,817,155, F.S.) Typed or printed name of signee
EVI: Other provisions, if any. EVI: Other provisions, if any. Signature (In accordance what any fair aware that any fair constitutes a third degree	of a member of an authorized representative of a mamber. Ition 605,0203 (1)-(b). Florida Statutes, the execution of this document on under the penaltics of perjury that the facts stated horein are true, as information submitted in a document to the Department of State are felony as provided for in x,817.155, F.S.) Typed or printed same of signee