

**UUG00209714**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
AMALFI HOLDING, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**AMALFI HOLDING, LLC****ARTICLE II – Address:**

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

**Principal Office Address:**8470 NW 30 TERR  
DORAL, FL 33122**Mailing Address:**8470 NW 30 TERR  
DORAL, FL 33122**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

**Mariana L. Topan**8470 NW 30 TERR  
DORAL, FL 33122

*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.*

DocuSigned by:  
Mariana L. Topan 11/16/2016  
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**Registered Agent's Signature**

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

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

**Title:**

**Name and Address:**

AMGR

MARIANA L. TOPAN

**REQUIRED SIGNATURE:**

DocuSigned by:  
*Mariana L. Topan* 11/16/2016  
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**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.)

Mariana L. Topan

\_\_\_\_\_  
Typed or printed name of signee

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