

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L17000005736
FILED 8:00 AM
January 06, 2017
Sec. Of State
lyarbrough

Article I

The name of the Limited Liability Company is:

A.M.Z. ENTERPRISES, LLC

Article II

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

10300 SOUTHSIDE BLVD
26
JACKSONVILLE, FL. US 32256

The mailing address of the Limited Liability Company is:

PO BOX 350427
JACKSONVILLE, FL. US 32235

Article III

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

RICKY THROWER
12086 FORT CAROLINE ROAD
301
JACKSONVILLE, FL. 32225

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.

Registered Agent Signature: RICKY THROWER

Article IV

The name and address of person(s) authorized to manage LLC:

Title: P
MUHAMMAD Z AHMED
PO BOX 350427
JACKSONVILLE, FL. 32235 US

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Article V

The effective date for this Limited Liability Company shall be:

01/06/2017

Signature of member or an authorized representative

Electronic Signature: MUHAMMAD AHMED

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

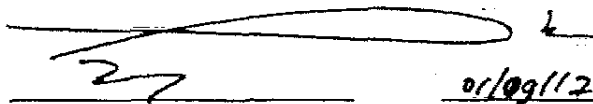
L17000005736

January 5, 2017

Re: Document Number L14000101688

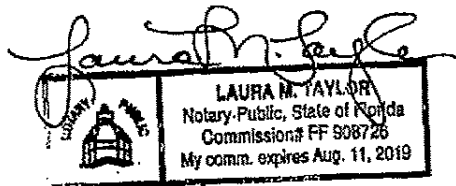
I, Muhammad Z Ahmed, certify that I have no intentions reinstating document number L14000101688, therefore, release the name for use to another entity.

Signed and Dated



Muhammad Z Ahmed

Date



State of Florida, County of Duval

The foregoing instrument was
acknowledged before me this

9 day of JAN, 2017.

By: MUHAMMAD ZAMEER AHMED

Personally Known

Produced Identification FL DL

Type of ID A S305SA1062387 O