

L17000128353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

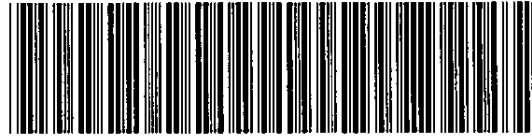
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800300286848

800300286848  
06/13/17--01022--006 \*\*375.00

RECEIVED  
DEPARTMENT OF REVENUE  
17 JUN 13 PM 12:02

RECEIVED  
DEPARTMENT OF REVENUE  
17 JUN 13 PM 03:15

M. MOON  
JUN 13 2017

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: 6/13

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC \_\_\_\_\_

1. MAIDA AMARO, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

17 JUN 13 PM 3:15  
STATE OF FLORIDA

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KLEIN & KLEIN, LLC**

Attorneys at Law

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR.  
LAWRENCE C. CALLAWAY, III

40 Southeast 11<sup>th</sup>  
Avenue  
PHONE (352) 732-7750  
Ocala, Florida 34471  
FAX (352) 732-7754

June 7, 2017

**TO:**

**Registration Section  
Division of  
Corporation**

**RE: AMARO  
PROPERTY  
HOLDINGS, LLC**

**The attached Articles of Organization and fees are submitted for filing.**

**The following is the email address for the LLC:**

**amarorealtor@gmail.com**

**For further information concerning this matter, please call**

**Joyce Henry at (352) 732-7750**

17 JUN 13 10:31 AM  
STATE OF FLORIDA  
CORPORATION DIVISION

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MAIDA AMARO, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

14585 NW 142<sup>nd</sup> Street  
Williston, FL 32696

**Mailing Address:**

14585 NW 142<sup>nd</sup> Street  
Williston, FL 32696

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

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

Maida B. Amaro  
14585 NW 142<sup>nd</sup> Street  
Williston, FL 32696

*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, Florida Statutes.*



**MAIDA B. AMARO**

17 JUN 19 03 38:15

SECRET

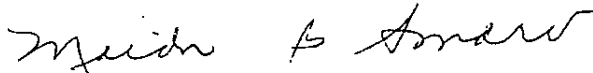
**ARTICLE IV- Manager(s) or Managing Member(s):**

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

<b>Title:</b>	<b>Name and Address:</b>
"MGR"	Maida B. Amaro 14585 NW 142 <sup>nd</sup> Street Williston, FL 32696
"MGR"	Jorge A. Amaro 14585 NW 142 <sup>nd</sup> Street Williston, FL 32696

17 JUN 2015 11:08:15

**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 in s.817.155, F.S.

**MAIDA B. AMARO**

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