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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Amplified Marketing Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas J. Sakkis

Name of Person

Firm/Company

1747 Split Fork Dr.

Address

Oldsmar, FL 34677

City/State and Zip Code

nsakkis@sakkisgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas J. Sakkis      813      309-0260  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# **Articles of Organization for a Florida Limited Liability Company**

## **Article I NAME**

The name of the Limited Liability Company is: Amplified Marketing Group, LLC

## **Article II ADDRESS**

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

### **Principal Office Address:**

1747 Split Fork Dr.  
Oldsmar, FL 34677

### **Mailing Address:**

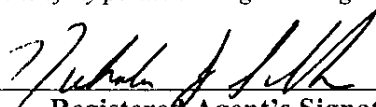
1747 Split Fork Dr.  
Oldsmar, FL 34677

## **Article III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

Nicholas J. Sakkis  
1747 Split Fork Dr.  
Oldsmar, FL 34677

*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 that 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.*

  
\_\_\_\_\_  
Registered Agent's Signature

## **Article IV THE NAME AND ADDRESS OF THE PERSON(S) AUTHORIZED TO MANAGE THE LLC:**

The company shall be a Managed by a Manager. The name and address of the initial Manager is

### Name:

Nicholas J. Sakkis, Manager

### Address:

1747 Split Fork Dr. Oldsmar, FL 34677

## **Article V PURPOSE**

The Limited Liability Company is organized for the purpose of engaging in any lawful activity, within or without of the State of Florida.

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**Article VI  
DISSOLUTION DATE**

The Limited Liability Company is to have a perpetual existence.

**Article VII  
DEBTS, OBLIGATIONS AND LIABILITIES**

No member or manager of the limited liability company will be personally liable for the debts, obligations, and liabilities of the limited liability company.

**Article VIII  
GOVERNING LAW**

The parties to this agreement by it form a limited liability limited partnership pursuant to Chapter 605, of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), and that act shall govern the rights and liabilities of the parties to this agreement.

**Article IX  
MEETING OF MEMBERS**

Annual, regular, or special meetings of the Manager(s) are not required but may be held at such time and place as the Manager(s) deem necessary or desirable for the reasonable management of the Limited Liability Company.

**Article X  
CERTIFICATE OF MEMBERSHIP INTEREST**

A member's interest in the company is to be evidenced by a certificate of membership interest.

**ACKNOWLEDGMENT**

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement on June 17, 2017.

**FILED**  
17 JUN 22 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**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.*

Nicholas J. Sakkis

**Typed or printed name of signee**