Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : 120050000118 : (305)774-9606 Phone

Fax Number : (305)774-9660

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## FLORIDA LIMITED LIABILITY CO. AMERINVESTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

7/28/17, 12:21 PM

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF AMERINVESTORS, LLC

### **ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

### AMERINVESTORS, LLC

### **ARTICLE II - ADDRESS:**

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

18800 NW 68th Ave, Apt 210 Miami, FL 33015

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

Custava Paralta

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.

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### ARTICLE IV - Management/Member(s):

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

TITLE: NAME AND ADDRESS

AMGRM GUSTAVO PERALTA

18800 NW 68TH Ave, Apt 210

Miami, FL 33015

Authorized Manager Member

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)