12/14/2018

12/14/2018 Resubmission, plase keep file date of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003551573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

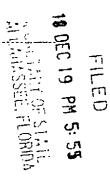
Email	Address:	 	 	

FLORIDA LIMITED LIABILITY CO.

Amplus Holdings, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIABILITY COMPANY

Amplus Holdings, LLC	
(Must centain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
LE II - Address:	
ling address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 1395 Brickell Avenue	Mailing Address: 2471 Deer Creek Road

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

Ripol Alliance Glob	al Wealth Strategies, I	LLC
	Name	
2471 Deer Crock Re	oad	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	reptable)
Weston	Florida	33327
City	State	Zio

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

18 DEC 19 PM 5: 53

ATTYNIASSEE FLORIDA

Title: "AMDR" ~ Authorized Member	Name and Address:
"MGR" = Manager <u>Manage</u> r	Rodrigo Correa Alonso
=	2471 Deer Creek Road
	Weston, Florida 33327
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	e of filing:
he document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed tof State's records.
RETICLE VI: Other provisions, if any.	
RETICLE VI: Other provisions, if any.	

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 Dupertment of State constitutes a third degree felony as provided for in s.817.155, F.S. Rodrigo Cotrea Alonse Typed or printed name of signee

Filing Fees:

5125.00 Flling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)