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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

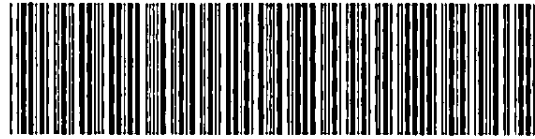
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amifa, 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:

Milagros Gomez Munoz
Name of Person

Milagros Gomez Munoz, P.A.
Firm/Company

15751 Sheridan Street, #228
Address

Fort Lauderdale, FL 33331
City/State and Zip Code

millie@mgmpalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Millie Munoz at (305) 310-0667
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)
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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ARTICLE I - Name:

The name of the Limited Liability Company is Amifa, LLC

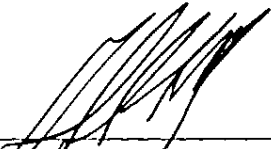
ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1049 Nautica Dr, Weston, FL33327.

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

The name and the Florida street address of the registered agent is: Habib Fadel, 1049 Nautica Dr, Weston, FL33327.

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..



Habib Fadel, Registered Agent's Signature

ARTICLE IV - Managers:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Habib Fadel

1049 Nautica Dr

Weston, FL33327

Salomon E, Fadel

RECORDED AT THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF DADE, FLORIDA

19 JAN 14 AM 5:32

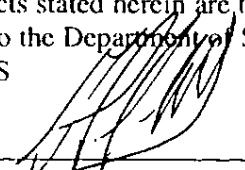
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MGR

1049 Nautica Dr

Weston, FL33327

Signature of a member or an authorized representative of a member. (In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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)



Habib Fadel

Date: 12/20/2018

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19 JAN -4 AM 5:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA