

To: Page 2 of 5  
Division of Corporations

2019-05-20 15:46:39 (GMT)

18795 18795 36 From: Mark Fuchs  
http://file.accorp.com/Scripts/cfilcovr.exe

**U9000128554**

Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H190001619403)))



H190001619403ABC+

**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 : (250) 617-6361

From:  
Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718) 378-5811  
Fax Number : (718) 732-4580

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

Email Address: sales@fileacorp.com

---

**FLORIDA LIMITED LIABILITY CO.  
AMDA EQUITIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019-05-20 15:46:39

19 MAY 20 15:46:28

D. O'KEEFE

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

MAY 21 2019

5/17/2019, 1:17 PM

fax reference H19000161940 3

**COVER LETTER****TO:** **New Filing Section**  
**Division of Corporations****SUBJECT:** AMDA EQUITIES 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:**

---

**Name of Person****FILE RIGHT LLC**

---

**Firm/Company****5314 16TH AVENUE SUITE 139**

---

**Address****BROOKLYN, NY 11204**

---

**City/State and Zip Code****[sales@fileacorp.com](mailto:sales@fileacorp.com)**

---

**E-mail address: (to be used for future annual report notification)****For further information concerning this matter, please call:**

<b>RACHEL</b>	<b>718</b>	<b>878-5811</b>
<hr/> <b>Name of Person</b>	<hr/> <b>at (</b>	<hr/> <b>Area Code</b>
		<hr/> <b>Daytime Telephone Number</b>

**Enclosed is a check for the following amount:**

<input checked="" type="checkbox"/> <b>\$125.00 Filing Fee</b>	<input type="checkbox"/> <b>\$130.00 Filing Fee &amp; Certificate of Status</b>	<input type="checkbox"/> <b>\$155.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</b>	<input type="checkbox"/> <b>\$160.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy is enclosed)</b>
--	---	--	---

**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

fax reference H19000161940 3



fax reference H19000161940 3

**ARTICLE IV-**

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:**

ARYEH ROTHMAN  
1735 E 33RD STREET  
BROOKLYN, NY 11234

---

---

---

---

---

---

---

---

---

---

---

---

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

---

---

**REQUIRED SIGNATURE:**/s/ Aryeh Rothman

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.

ARYEH ROTHMAN

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

19 MAY 20 AM 10:28  
FLORIDA  
ALLAMAS, INC.

fax reference H19000161940 3