From: M. BURR KEIM CO

Fax: 12159779386



## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Phone

Fax Number

: (215)977-9386

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

Email	l Address:			

## FLORIDA LIMITED LIABILITY CO. AMANDA REALTY, LLC

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

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Help

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To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AMMELLA	once quarrion or	CI COMMINICALITY	ESPERATION CONTRACT	
ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is			
AMANDA REALT	Y, LLC			
(Must con	stain the words 'Limited	Liability Compa	ny, "L L C ," or "LLC ")	<del></del>
ARTICLE II - Address:		~~ a., .		
The mailing address and street	address of the principal	office of the Limi	ted Liability Company is	
<u>Princi</u>	pal Office Address:		Mailing Address:	
11640 NW 83rd Way			1640 NW 83rd Way	
Parkland, FL 33076	·-·	<u>P</u>	arkland, FL 33076	<del></del>
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	n Registered Ager on )	gent's Signature: nt. You must designate an individua	MA SEP SECRIT
	11640 NW 83rd Wa	<del></del>		表の程
	Florida street addres	ss (PO Box <u>NO</u> )	[acceptable)	AT OF ST
	Parkland	FL	33076	77.2
	City	State	Zıp	F

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! 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 grovided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H190002753433)))

## (((H190002753433)))

To:

Title:		Name and Address:	
"AMBR" = Authorized	d Member		
"MGR" = Manager		0 51	
AMBR	_	Sergia Felix	_
		11640 NW 83rd Way	_
		Parkland, FL 33076	_
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(Use attachment if nece	essary)		E 5
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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)