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TO: New Filing Section Division of Corporations	19 DEC - 3 AM 18 18
SUBJECT: Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Michael F	Pezioso
, Na	me of Person
Fit	m/Company
1007 Bay I	DR Apt 104
Miami Beac	ch, FL 33141
ONP MUZZU (a)	ate and Zip Code Amal L. Com
E-mail address: (to be used for fu	-
For further information concerning this matter, please call:	
Michael Prezioso at 91 Name of Person Area Co	7 774.1161 Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	$E = \{e_{ij}, e_{ij}, e_{ij}\}$. •
The name of the Limited Liability Company is: AN M, LLC	19 DEC - 3	ah isi 13 _
(Must conatin the words "Limited Liability Company, "L.L.C.," o	r "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	ompany is:	
Principal Office Address:	Mailing Address:	
1007 Bay De Apt 104 1007 Ba Miami Beach, FL 33141 Miami	y Da Apt 104 Beach, FL 33141	_ _ _
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signate (The Limited Liability Company cannot serve as its own Registered Agent. You must d another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Michael VREZIOSO		
Name		
1001 Bay DR. Apt 104		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Migmi Beach FL 33	141	
City State Z	ip	
laving been named as registered agent and to accept service of process for the above state oblace designated in this certificate. I hereby accept the appointment as registered agent an auther agree to comply with the provisions of all statutes relating to the proper and complem familiar with and accept the obligations of my position as registered agent as provided to the proper and complementation with an accept the obligations of my position as registered agent as provided to the proper and complementation with an accept the obligations of my position as registered agent as provided to the proper and complementation with an accept the obligations of my position as registered agent as provided to the proper and complementation with an accept the appointment as registered agent.	d agree to act in this capact etc performance of my dutie for in Chapter 605, F.S	īņ. I
(CONTINUED)		

<u>Title:</u> "AMBR" = Autho	orizad Mambar	Name and Address:	19 DEC -3	相間目
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		New York, NY 10026		-
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(Use attachment it	fnecessary)			
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\$ 5.00 Certificate of Status (Optional)