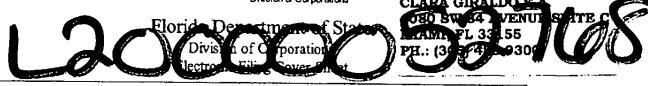
2/15/2020

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I19990000017 Phone

: (305)485-9300 Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please.**	
Email (	udrace:								

## FLORIDA LIMITED LIABILITY CO. AMIONE LLC

Certificate of Status	0		
Certified Copy	1		
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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

## AMIONE, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

AMIONE, LLC

**ARTICLE II - ADDRESS** 

The principal office of the Limited Liability Company is:

600 NE 36<sup>TM</sup> ST # 1022 MIAMI, FL. 33137

The malling address shall be:

600 NE 36<sup>TH</sup> ST # 1022 MIAMI, FL. 33137

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

MATIAS E. REVIELLO MESTRE

600 NE 36<sup>™</sup> ST # 1022
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33137
City, State, and Zip

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MATIAS E. REVIELLO MESTRE 600 NE 36<sup>TH</sup> ST # 1022 MIAME, FL. 33137

MANAGER

CAROLINA RODRIGUEZ LARRUSCAIN 600 NE 36<sup>TH</sup> ST # 1022 MIANI, FL. 33137

MANAGER

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjugy that the facts stated herein are true.)

MATIAS E REVIELLO MESTRE
Typed of printed name of signee