

L20000 254349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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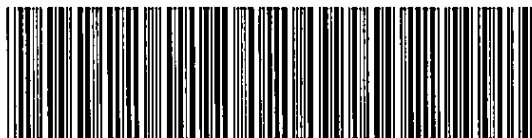
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 AUG 11 AM 11:23

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AMG IMPACT windows and doors 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:

MAXIMILIANO CAPOSALA  
Name of Person

AMG IMPACT windows and doors  
Firm/Company

104 NW 9th terrace Hallandale Beach fl 33009 #313  
Address

Hallandale Beach fl 33009  
City/State and Zip Code

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

For further information concerning this matter, please call:

MAXIMILIANO at (754) 260 48 09  
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)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2020 AUG 11 AM 11:23  
TALLAHASSEE, FL 32303  
CLERK OF SUPERIOR COURT

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CORPORATIONS  
COMMERCIAL  
SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMG Impact windows and doors LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

104 NW 9th terrace #313  
HALLANDALE BEACH FL 33009

Mailing Address:

104 NW 9th terrace #313  
HALLANDALE BEACH FL 33009

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MAXIMILIANO CAPORALE

Name

104 NW 9th terrace

Florida street address (P.O. Box **NOT** acceptable)

HALLANDALE BEACH FL

City

State

33009

Zip

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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PALM BEACH COUNTY, FLORIDA

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**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:**

Maximiliano Caporale

64 NW 9th Terrace Hallandale Beach 33009 fl  
#313

AMBR

Martha Caporale

8320 SW 1st st #108 Pembroke Pines, fl 33025

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/31/20 (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:**

*Martha Caporale*

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.

Martha Caporale

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)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2020 AUG 11 AM 11:23

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