

L20000266903  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ACCOUNTING REVENUE SERVICE, INC.  
Account Number : I20110000041  
Phone : (305)887-8730  
Fax Number : (305)887-8744

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
AMK PROPERTY MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED  
20 SEP -3 PM 5:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2020 SEP -3 PM 3:52  
REGISTRARS  
SPECIAL  
SERVICES

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SEP 01 2020

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AMK PROPERTY MANAGEMENT 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:

MADELYN HERNANDEZ  
Name of Person  
AMK PROPERTY MANAGEMENT LLC  
Firm/Company  
7120 NW 51 STREET  
Address  
MIAMI, FL 33166  
City/State and Zip Code  
AMKPLASTICS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MADELYN HERNANDEZ      954      635-8588  
Name of Person      at (      )      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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMK PROPERTY MANAGEMENT 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:

Mailing Address:

7120 NW 51 STREET  
MIAMI, FL 33166

7120 NW 51 STREET  
MIAMI, FL 33166

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:

MADelyn HERNANDEZ

Name

7120 NW 51 STREET

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

MIAMI

FL

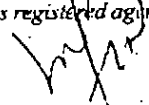
33166

City

State

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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

**Name and Address:**

AMBR

MADELYN HERNANDEZ

7120 NW 51 STREET

MIAMI, FL 33166

AMBR

KIM LEE

7120 NW 51 STREET

MIAMI, FL 33166

(Use attachment if necessary)

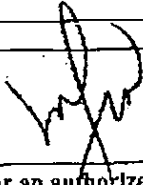
**ARTICLE V:** Effective date, if other than the date of filing: 08/28/2020 (OPTIONAL)

(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:**



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.

MADELYN HERNANDEZ

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

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