

L21000465333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

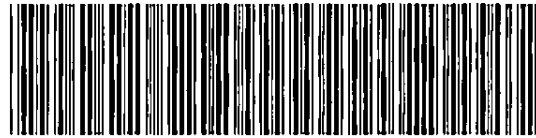
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECTION 605 STATE
TOLSON, DEPT. FL

RECEIVED

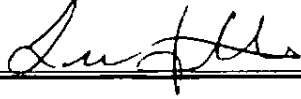
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ALLIANCE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$125.00

Authorized Signature: _____



Amanshell, LLC
Corporation Name

Document Number, (if known):

___ Certified copy of original Articles of Incorporation

___ Certificate of Status

___ Pick up time _____

___ Will wait

NEW FILINGS

___ Profit
___ Not for Profit

X Limited Liability
___ Domestication
___ Other
___ CORP

AMMENDMENTS

___ Amendment
___ Resignation of R.A.
Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Correction

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Amanshell, 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:

John M. Ervin, Esq.

Name of Person

Aegis Law

Firm/Company

100 S. Ashley Dr.

Address

Tampa, FL 33602

City/State and Zip Code

eddie74@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ervin 813 699-1192

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amanshell, LLC

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

2021 OCT 27 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5317 Fruitville Road

#527

Sarasota, FL 34232

5317 Fruitville Road

#527

Sarasota, FL 34232

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:

AEGIS LAW

Name

100 S. Ashley Dr., Suite 620

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

Tampa

FL

33602

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..

John Erwin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Olorin, LLC
5317 Fruitville Rd., #527
Sarasota, FL 34232

AMBR

Obsidian, Inc.
427 NW 14th Street
Oklahoma City, OK 73103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Eduardo Lopez

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.

Eduardo Lopez

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)

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FILED

DEPARTMENT OF STATE
TALLAHASSEE, FL