

**L21000496SSb**

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

From:  
Account Name : TAX COUNSEL, PLLC  
Account Number : I20210000011  
Phone : (305)907-5540  
Fax Number : (305)907-5437

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

Email Address: andrea@taxcounselus.com

**FLORIDA LIMITED LIABILITY CO.  
AMF GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
AMF GROUP, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is AMF GROUP, LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:

999 Ponce de Leon Blvd., Ste. 830  
Coral Gables, FL 33134

Mailing Address:


999 Ponce de Leon Blvd., Ste. 830  
Coral Gables, FL 33134

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

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

Tax Counsel, PLLC  
999 Ponce de Leon Blvd., Ste. 830  
Coral Gables, FL 33134

*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.*

  
\_\_\_\_\_  
Andrea Aguilar, Authorized Representative

**ARTICLE IV - MANAGERS OR MEMBERS**

The name and address of each person authorized to manage and control the Limited Liability Company:

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Title:

"MGR" = Manager

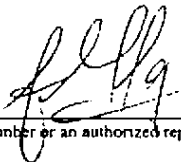
"AMBR" = Authorized Member

MGR

Name and Address:

Ernesto Alejandro Malaga Fattorini  
999 Ponce de Leon Blvd., Ste. 830  
Coral Gables, FL 33134

**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.

Ernesto Alejandro Malaga Fattorini

Typed or printed name of signee

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