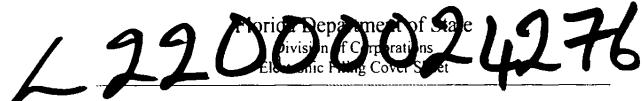
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: AGIVELEKIANCPA@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. AMOR-AI LLC

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H22000028150

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMOR-AILLC

(Must end with 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:

645 NE 175TH STREET NORTH MIAMI BEACH, FL 33162 645 NE 175TH STREET NORTH MIAMI BEACH, FL 33162

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:

ZOHARA DELETIS

Name

645 NE 175TH STREET

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

NORTH MIAMI BEACH

L 3316

City

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)

ZOHARA DELETIS

(CONTINUED)

Page 1 of 2

SECKLIARY OF STATE

H22000028150

"MGR" = Manager AMBR	KEDEM DELETIS 645 NE 175TH STREET NORTH MIAMI BEACH, FL 33162	
AMBR	MARIE SHITOMI 645 NE 175TH STREET NORTH MIAMI BEACH, FL 33162	
(Use attachment if necessary)		
ICEE V: Effective date, if other than the date	te of filing: (OPTIONAL)	ofter
o effective date is listed, the date must be spate of filing.) ICLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days	after
o effective date is listed, the date must be sparted of filing.)	pecific and cannot be more than five business days prior to or 90 days	after
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false i	nember or an authorized representative of a member. 1. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State (clony as provided for in s.817.155, F.S.)	after
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false i	nember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State	