

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6331

From:

Account Name : VCORP SERVICES, LLC
Account Number : F20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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.
AAMBAM LLC**

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

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Corporate Filing Menu

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2022 MAR 16 AM 9:57

FLORIDA
DIVISION OF STATE
FALL ADMINISTRATIVE

2022 MAR 16 PM 8:52

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAMBAM 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:20310 Fairway Oaks DriveUnit 153Boca Raton, FL 33434Mailing Address:20310 Fairway Oaks DriveUnit 153Boca Raton, FL 33434

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:

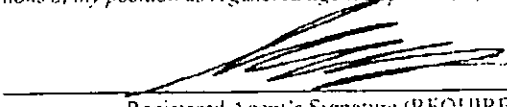
Gary M. Krasna, P.A.

Name

2385 NW Executive Center Drive, Suite 100Florida street address (P.O. Box NOT acceptable)

<u>Boca Raton</u>	<u>FL</u>	<u>33431</u>
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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2022 MAR 16 PM 8:52
TALLAHASSEE, FLORIDA
CLERK OF THE STATE

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:

MGR

Janet Serle

20310 Fairway Oaks Drive, #153

Boca Raton, FL 33434

MGR

Ira Malin

20310 Fairway Oaks Drive, #153

Boca Raton, FL 33434

(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:

Janet Serle
 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.

Janet Serle

Typed or printed name of signer

Filing Fee:

\$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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 HALL COUNTY OF STATE
 TALLAHASSEE, FLORIDA