

L22000393637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

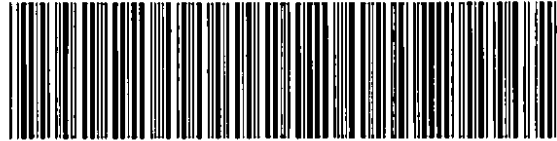
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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S. CHATHAM
SEP 13 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 13 PM 3:32

2022 SEP 13 PM 1:06
CLASSIFIED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMTI 2022 II, 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:

GRYSKA SOTOLONGO
Name of Person
THOMAS G. SHERMAN, P.A.
Firm/Company
90 ALMERIA AVENUE
Address
CORAL GABLES, FL 33134
City/State and Zip Code
GRYSKA@UNIONTITLESERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRYSKA SOTOLONGO 305 448-5898 EXT. 204
Name of Person at (Area Code) 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

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/13/2022

RUSH *Please*

****WALK IN****

ENTITY NAME AMTI 2022 II, LLC

DOCUMENT NUMBER

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting:

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION

NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

Am: c 12/11

Please call Tina at the above number for any issues or concerns.

Thank you so much!!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMTI 2022 II, 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:

1801 NE 123rd STREET
SUITE 300
NORTH MIAMI FLORIDA 33181

1801 NE 123rd STREET
SUITE 300
NORTH MIAMI FLORIDA 33181

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.)

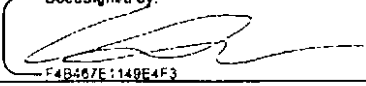
The name and the Florida street address of the registered agent are:

Alexander Tauber
Name
1801 NE 123rd STREET, SUITE # 300
Florida street address (P.O. Box **NOT** acceptable)
NORTH MIAMI FL 33181
City State Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 SEP 13 PM 3: 32

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.

DocuSigned by:

F4B467E149E4F3
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ALEXANDER TAUBER
	1801 NE 123rd STREET, SUITE # 300
	NORTH MIAMI FLORIDA 33181

_____	_____	22 SEP 13 PM 3:32 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
_____	_____	
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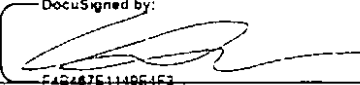
(Use attachment if necessary)

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:

DocuSigned by:



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.

Alexander Tauber

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)