

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. AMAZING BUY'S LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES	OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMP.	ANY
ARTICLE I - Name:	· .		
The name of the Limited Liab	pility Company is:		
AMAZING BUY	'S LLC		
(Must c	ontain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address:			
	et address of the principal office of	the Limited Liability Company	is:
Prin	cipal Office Address:	Mailing	Address:
	<del>_</del>	Manne	Audress.
549 NE 6th PLAC FLORIDA CITY,	<del></del>	SAME	
PLOKIDA CITT,	LT 33034	SAME	
(The Limited Liability Companies another business entity with a	Agent, Registered Office, & Registrance as a Registrance as a section of the registration.)	ered Agent. You must designate	an individual or
(The Limited Liability Companies another business entity with a	any cannot serve as its own Registran active Florida registration.)  eet address of the registered agent	ered Agent. You must designate	an individual or
(The Limited Liability Companies another business entity with a	any cannot serve as its own Registran an active Florida registration.)	ered Agent. You must designate are: JON	an individual or
(The Limited Liability Companies another business entity with a	any cannot serve as its own Registration.)  eet address of the registered agent  JAVIER DOMINGUEZ RE  Name	ered Agent. You must designate are: JON	an individual or
(The Limited Liability Companies another business entity with a	any cannot serve as its own Registration.)  eet address of the registered agent  JAVIER DOMINGUEZ RE	ered Agent. You must designate are: JON	an individual or
(The Limited Liability Companies another business entity with a	any cannot serve as its own Registration.)  set address of the registered agent:  JAVIER DOMINGUEZ RE  Name  549 NE 6th PLACE  Florida street address (P.O.	ered Agent. You must designate are: JON	an individual or
(The Limited Liability Companother business entity with a The name and the Florida stre	any cannot serve as its own Registration.)  set address of the registered agent:  JAVIER DOMINGUEZ RE  Name  549 NE 6th PLACE  Florida street address (P.O.  FLORIDA CITY	ered Agent. You must designate  are:  JON  Box NOT acceptable)  L 33034  state Zip	· · · · · · · · · · · · · · · · · · ·

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		ARTICLE IV-				
	* * ,			orized to manage and contr	ol the Limited Liability Company:	•
		Trate.		Name and Address	_	
		Title: "AMBR" = Auth	orized Member	Name and Addres	<u>SS:</u>	
• • • • •	**	"MGR" = Manag	er " " " " " " " " " " " " " " " " " " "		•	1.18
	·	AMBR	<u> </u>	JAVIER DOMINGUEZ	REJON	
,				549 NE 6th PLACE FLORIDA CITY, FL 33	034	
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	٠.	AMBR	, .	MARIA DOMINGUEZ		
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			JAVIER DOMING		<u> </u>	ा छिल्ल
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• •	:· ·	·		Filing Fees:	1	
		-		nization and Designation	of Registered Agent	
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