

**L22000521870**

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

From:  
Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

**\*\*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.  
AMELIA'S VIEW INVESTMENT, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 DEC 13 AM 8:16

22 DEC 13 PM 12:35

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

Effective date for this filing: Jan 1, 2023

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**AMELIA'S VIEW INVESTMENT, LLC.**

**ARTICLE II- Address:**

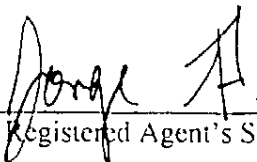
The mailing address and street address of the principal office of the Limited Liability Company is: **627 E 45<sup>TH</sup> ST HIALEAH, FL 33013**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**JORGE FUENTES HERNANDEZ  
627 E 45<sup>TH</sup> ST  
HIALEAH FL 33013**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

22 DEC 13 PM 12:55

**ARTICLE IV:**

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

Title:

Name and Address:

AMBR

JORGE FUENTES HERNANDEZ  
627 E 45<sup>TH</sup> ST

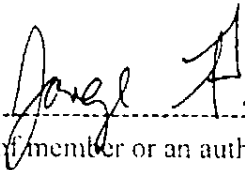
HIALEAH, FL 33013

AMBR

MAYLAN LEON-FUENTES

627 E 45<sup>TH</sup> ST

HIALEAH, FL 33013



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Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

JORGE FUENTES HERNANDEZ

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Typed or printed name of signec.

22 DEC 13 PM 12:05