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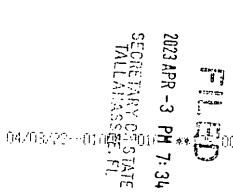
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

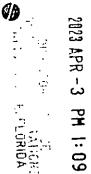
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AMG Runtale	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	
	he Limited Liability Company is: Mailing Address:
The mailing address and street address of the principal office of	

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:

Nashancy Colbert

Name

801 International PRW

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

Ls Ke Mary Florida 32746

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 (NEQUIRET

(CONTINUED)

2023 APR -3 PM 7: 34

ARTICLE IV-

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

<u>Title:</u>	Name and Address;
"AMBR" = Authorized Member	
"MGR" = Manager Garan MBR	
Contract Hulpe	Neshancy Colbert Pul mechanism aux
	Lake May Plevida 727 16
(Use attachment if necessary)	
	ne date of filing:
ICLE VI: Other provisions, if any.	
V. V. 7/14/10	
prompenciovature.	<u>^</u>
REQUIRED SIGNATURE:	A A O C A
()	7/1 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	XV \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature o	of a member on an authorized representative of a member.
This document is	executed in accordance with section 605.0203 (i) (b), Florida Statutes.
This document is I am aware that a	of a member of an authorized representative of a member. executed in accordance with section 605.0203 (i) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
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