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## COVER LETTER

•	w Eding Section vision of Corporations								
SHD IECT.	AMEO PLAZA LLC								
SUBJECT.	Name of I.	imited Liability Co	ompany						
The enclose	d Articles of Organization and fee(s) a	re submitted for fi	ling.						
Please return	n all correspondence concerning this n	natter to the follow	ring:						
	MAINOR A. DIAZ-LEIVA								
-		Name of Perse	on		<del></del>				
	AMEO PLAZA LLC								
-	Firm/Company								
	5454 PENSACOLA BLVD,								
-	Address								
	PENSACOLA, FL 32505								
-	MARIACALDERONFFGCPA@G\	City/State and Zip 4AIL.COM	Code						
_	E-mail address; (to be use	d for future annual	report notificatio	n)					
For further in	formation concerning this matter, plea	se call:							
	MAINOR A. DIAZ-LEIVA	850	288-7809						
_	Name of Person Area Code Daytime Telephone Number								
Enclosed is	a check for the following amount:								
<b>■\$125,001</b>	Filing Fee LJ\$130,00 Filing Fee & Certificate of Status	E U\$155.00 F Certified Co (additional cop	ру	□\$160.00 Fi Certificate of Certified Cop (additional cop	F-Status &				
Mailing Address			t Address Filing Section Div	ician	T DE				
	New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The C 2415	Jentre of Tallahas. N. Monroe Street hassee, FL 32303	see , Suite 810	PH 9: 02				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AMEO PLAZA LLC	
(Must contain the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")
<b>.E II - Address:</b> ing address of the principal office <i>c</i>	f the Limited Liability Company is:
	f the Limited Liability Company is:  Mailing Address:
ing address and street address of the principal office $\epsilon$	

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:

MAINOR A. DIAZ	L-LEIVA	
	Name	
5454 PENSACOLA	VBLVD	
Florida street address	(P.O. Box <b><u>XOT</u></b> ac	cceptable)
PENSACOLA	FL	32505
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. Thereby 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.,

(CONTINUED)

## ARTICLE IV-

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

MAINOR A. DIAZ-LEIVA  S454 PENSACOLA BLVD  PENSACOLA. FL 32505  AMBR  MAYRA Q. RAMIREZ  5454 PENSACOLA BLVD  PENSACOLA. FL 32505   WAYRA Q. RAMIREZ  5454 PENSACOLA BLVD  PENSACOLA. FL 32505   Use attachment if necessary)  EV: Effective date, if other than the date of filing: MAY 05, 2023 (OPTIONAL) ettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.  EVI: Other provisions, if any.	"AMBR" = Authorized Member "MGR" = Manager		
AMBR  MAINOR A. DIAZ-LEIVA  3454 PENSACOLA BLVD  PENSACOLA FL 32595   AMBR  MAY 95. 2023 (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not not sent's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is evecuted 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.  MAINOR A. DIAZ-LEIVA  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)	wick = wanager		
S454 PENSACOLA BLVD PENSACOLA FL 32505  MAYRA Q. RAMIREZ S454 PENSACOLA BLVD PENSACOLA FL 32505  We attachment if necessary)  V. Effective date, if other than the date of filling: MAY 95, 2023 (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.)  the date inserted in this block does not meet the applicable statutory filling requirements, this date will not nearly effective date on the Department of State's records.  VI: Other provisions, if any.  REOURED SIGNATURE:  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.  MAINOR A. DIAZ-LEIVA Typed or printed name of signee  Filling Fees:  \$125.00 Certificat Copy (Optional) \$5.00 Certificate of Status (Optional)			
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