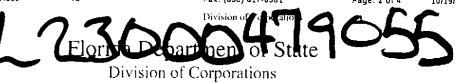
10/19/23, 10:05 AM

Fax: 19546784500

Fax: (850) 617-6381

10/19/2023 10:08 AM



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP

Account Number : I20200000009

Phone : (954)544-1000

Fax Number : (954)678-4500

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____HELLO@JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO. AMORA IN US LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is

AMORA IN US 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:	
23123 STATE RD 7 STE 315 OFFICE AM	SAME	
BOCA RATON FL 33428		_

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:

1.114	X CORP	
	Name	
23123 STATE ROAD	7 STE 315	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
BOCA RATON	FL	33428
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 (REQUIRED)

(CONTINUED)

THE PH 3:3

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Men	iber
"MGR" = Manager	0147101714110071111717
AMBR	CLARA CARVALHO GUIMARAES 13499 Biscayne Blvd APT 1514
	NORTH MIAMI, FL, 33181
	101111111111111111111111111111111111111
AMBR	FELIPE ANTUNES DA SILVA
	13499 Biscayne Blvd APT 1514
	NORTH MIAMI, FL. 33181
(If an effective date is listed, the date the date of filing.)	han the date of filing:
ARTICLE VI: Other provisions, if any	
REQUIRED SIGNATURE	:
This docume I am aware the	ent is executed in accordance with section 605.0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
	NIRVANDO COLARES BATISTA
•	Typed or printed name of signee
	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)

S 5.00 Certificate of Status (Optional)

