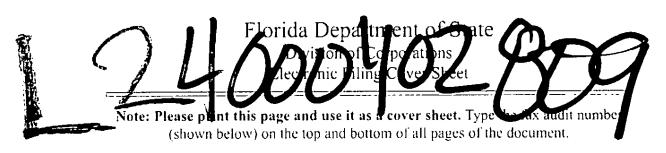
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 Fax Number : (718)732-4580

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Email Address:_

FLORIDA LIMITED LIABILITY CO. AMH HOLDINGS LLC

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

•Page, 3 o{ 4

AMH I	HOLDINGS LLC	
	(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
e maning addres	ss and street address of the principal office	of the Edithed Editority Company is.
	Principal Office Address:	Mailing Address:
2301 C	Principal Office Address: OLLINS AVE APT 1617	Mailing Address: 2301 COLLINS AVE APT 1617

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

MEIRAV HOFFMAN	Ň.	
	Name	
2301 COLLINS AVE	APT 1617	
Florida street address	(P.O. Box <u>NOT</u> as	eceptable)
МІАМІ ВЕАСН	FL	33139
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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

> /s/ MEIRAV HOFFMAN Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

2024-09-17 16:08:49 GMT 17187959036 From Mark Fuchs To: Rege: 4 of €

H240003163103

<u>l'itle:</u>		Name and Address:
	horized Member	
'MGR" = Mana AMBR		MEIRAV HOFMAN
AMBK		2 ELLIOT RD
		GREAT NECK NY 11021
AMBR		ANDRIYANA HOFMAN
		282 LAGOON DR. WEST LIDO BEACH NY 11561
		WEST LIDO BEACH NY 11301
		
		
V: Effective (date, if other than the date of	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90
V: Effective of tive date is listifing.) the date insertement's effective	date, if other than the date of sted, the date must be specifed in this block does not meet date on the Department of Swisions, if any.	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not State's records.
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V: Effective of tive date is list filing.) the date inserte ent's effective.	date, if other than the date of sted, the date must be specifed in this block does not meet date on the Department of Swisions, if any. GNATURE: / S/ Signature of a membal This document is executed I am aware that any false interests.	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not State's records.
V: Effective of tive date is listing.) the date inserteent's effective	date, if other than the date of sted, the date must be specifed in this block does not meet date on the Department of Swisions, if any. GNATURE: / S/ Signature of a membal This document is executed I am aware that any false interests.	The and cannot be more than five business days prior to or 90 to the applicable statutory filing requirements, this date will not state's records. MEIRAV HOFMAN per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)