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(((H140002283063)))



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To:

Division of Corporations Fax Number : (850)61

: (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

(323) 962-8600 Phone

Fax Number

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

Email Address:

Foreign Limited Liability Company AMICI IMPORTS LLC

Certificate of Status	0
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Corporate Filing Menu

COVER LETTER

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Registration Section **Division of Corporations**

SUBJECT: AMICI IMPORTS LL	LC
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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

P

Please return all correspondence concerning this matter to the following:						
	lm	elda Vasquez				
	<u> </u>	Name of Person				
	Legalzoom.com, Inc.					
		Firm/Company				
	100 W. Broadway Suite 100					
	Address					
	Glendale, CA 91210					
	City	State and Zip Code	.			
	· •	5@gmail.com				
	E-mail address: (to be us	ed for future annual rep	orl notification)		
For further information concerning	g this matter, please call:					
lmelda Vasquez		323	962-8600)		
Name o	f Contact Person	Area Code	Daytime	Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisi Regis Clifto 2661	ET ADDRESS: on of Corporations tration Section n Building Executive Center Circ tassee, Fl. 32301	de			
Enclosed is a check for the f	ollowing amount:					
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155 00 Filing Certified Copy		\$160.00 Filing Fee, Certificate of Status & Certified Copy		

UTI

850-617-6381

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October 1, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALZOOM.COM INC.

SUBJECT: AMICI IMPORTS LLC

REF: W14000059816

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill Registration Specialist II FAX Aud. #: H14000228306 Letter Number: 914A00020964

RECEIVED

14 OCT 10 PM 12: 00

IVISION OF COMPERCIAL
BUREAU OF COMMERCIAL
BUREAU OF COMMERCIAL

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AMICI IMPO		2 b - 1		o v koron	
	fForeign Limited Liability Company; must 'S South, LLC	include	"Limited Liability Company," "L.L.C	S.," or "LLC.")	
	nter alternate name adopted for the purpose	of tran	eacting business in Florida. The altern	ete name must inchule "I	imited.
Liability Company," "L			-	ELC COUNCE HILLST TREATME, 1	
2 New Jerse	э y	3.	571207441		
(Jurisdiction under the company is organized)	he law of which foreign limited liability		(FEI number, if a	pplicable)	
09/16/20					
4	(Date first transacted busines	ss in Fl	orida, if prior to registration.)		
225 Cont			S. to defermine penalty liability)		
5. 333 Cent	ennial Avenue, Cranf	Oru,	143 07 0 10		
	(Street Ad	dress o	Principal Office)		
6					
					
		Mailing	Address)		
	·	_			
7. The name, titl	e or capacity and address of the	perso	n(s) who has/have authority t	io manage is/are:	
Jeffrey H. DeS	Santis, Sr., Member, 6523 B	umh	am Circle, Ponte Vedra	Beach, FL 3208	2
Julia M. DoSa	antic Mombor 6522 Pura	hom	Cirola Ponta Vadra P	looch El 2200	_ 2
Julia IVI. Desa	antis, Member, 6523 Burn	ııaıı.	Circle, Forther vegra b		<u>~</u>
					_
	original certificate of existence, r				
	records in the jurisdiction under				
acceptable. If the must be submitted	certificate is in a foreign languag	ge, a t	ransiation of the certificate u	nder oath of the trai	nslator
nusi de sudmine	."	_	_ / /		
	July 30	71.	25	15- C4,	
		of an	authorized person		
	n 605.0203, F.S., the execution of this document	constitu	tes an affirmation under the penalties of p		
uu sware unai any (815¢ 10)	formation submitted in a document to the Depart	usen ol	осень войранитех я плид дейлео теподу яз р	rovided for in i.817.155,VLS	SHATE SHATE STATE
	Julia M. DeSantis	<u> </u>			1
	Typed or pri	nted r	ame of signee	7 7	Π
				ဥြီး မှ	
				୍ରି ଫ	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liabili	• •	
	e, the alternate to be us	sed in the state of Florida is:	
2. The name	and the Florida street	address of the registered agent and office are:	
	United Sta	tes Corporation Agents, Inc.	
		nding Oaks Court, Suite A Street Address (P.O. Box NOT ACCEPTABLE)	
	Tampa	FL 33612	
		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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

14 SEP 30 PH 3: 56

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

AMICI IMPORTS LLC

0400057894

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 14, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

National Registered Agents, Inc. Of Nj 100 Canal Pointe Blvd. Suite 212 Princeton, NJ 08540



Certification# 133689813

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of September, 2014



Andrew P Sidumon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

14 SEP 30 PH 3: 56

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorize	ed Person
of AMICI IMPORTS LLC	
(Name of Limited Liability Company)	*
a limited liability company duly organized and existing under	the laws of
New Jersey	
(State or Country of Organization)	
Because the name of this foreign limited liability company does	es not satisfy the
requirements of the s. 605.0112, F.S., the limited liability com	pany hereby adopts the
following name to transact business in the state of Florida:	
Amici Imports South, LLC	
(Name to be used by limited liability company in Florida. NOTE: Name must cont Company, L.L.C., or LLC.)	ain Limited Liability
July my Dedato	10/7/14
Signature Authorized Person	Date '
	ووراجز

CR2E122 (12/13)