

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HOMSI LAW, P.A.
Account Number : 120190000004
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STATE
FL
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: William@Homsilaw.com

FLORIDA LIMITED LIABILITY CO.

~~A NEW LEAF LLC~~ AMPLEAFICATION LLC

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

STATE
FL
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**ARTICLES OF ORGANIZATION
FOR
AMPLEAFICATION LLC**

ARTICLE I

The name of the Limited Liability Company is:
AMPLEAFICATION LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:
4310 WEST SPRUCE STREET, UNIT 224
TAMPA, FLORIDA 33607

The mailing address of the Limited Liability Company is:
4310 WEST SPRUCE STREET, UNIT 224
TAMPA, FLORIDA 33607

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

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FILED

H
HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.Homsilaw.com

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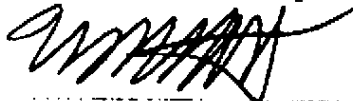
ARTICLE V

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

HOMSI LAW, P.A.
8815 CONROY-WINDERMERE ROAD
#402
ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:



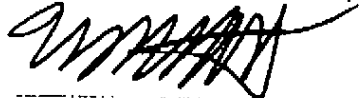
William M. Homsi, President

The Members hereby delegate the management of the LLC to Manager(s).
The name and address of persons(s) authorized to manage the LLC:

Operating Manager: JILLIAN GEYSEN
Secretary: JILLIAN GEYSEN
Treasurer: JILLIAN GEYSEN

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:



William M. Homsi, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.

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