

L22000280997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

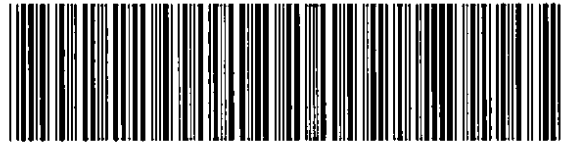
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

QWIK COURIER

850-284-4584

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER

PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER Michelle Izzo Chirichigno

Filing Fee with Certified copy  
AMF Hospitality - Miami, LLC

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01/08/2010 BY 60322

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** AMF Hospitality - Miami, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Izzo-Chirichigno

Name of Person

Baritz & Colman LLP

Firm/Company

1075 Broken Sound Parkway NW #102

Address

Boca Raton , FL 33487

City/State and Zip Code

Mizzo@baritzcolman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Izzo-Chirichigno at ( 561 ) 864-5100  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMF Hospitality - Miami, 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:

9045 Vista Way

Parkland, FL 33076

Mailing Address:

Same

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:

Baritz & Colman LLP

Name

1075 Broken Sound Parkway NW #102

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

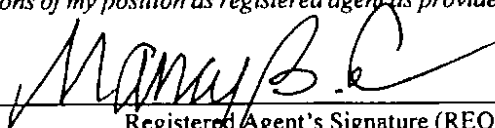
33487

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)

Nancy/B. Colman, Esq.

(CONTINUED)

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**

Mahesh P. Desai  
9045 Vista Way  
Parkland, FL 33076

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SECRETARY OF STATE  
ALLAHABAD

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED 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.

Mahesh P. Desai

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)