

To:

L240003267

From: Andres Rodriguez

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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REGISTRATION  
COMMERCIAL  
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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: arod.0723@gmail.com

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FLORIDA LIMITED LIABILITY CO.  
AMB EXTERNAL MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company:*

**AMB EXTERNAL MANAGEMENT LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability Company is:*

**Principal and Mailing Address**

**150 SE 2<sup>ND</sup> AVE STE 404  
MIAMI, FL 33131**

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**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:*

**R&P ACCOUNTING & TAXES INC**

*Name*

**150 SE 2<sup>ND</sup> AVE STE 404**

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

**MIAMI, FL 33131**

*Fl. City, State, and Zip*

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*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*

X-----

**Registered Agent's Signature (REQUIRED)**

**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

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

**AMBR**  
**JOSE IGNACIO ZOLEZZI**  
**150 SE 2<sup>ND</sup> AVE STE 404**  
**MIAMI, FL 33131**

**AMBR**  
**AMB CONSULTING SPA**  
**COMUNA DE VINA DEL MAR**  
**VALPARAISO, CHILE**

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**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.)*

**JULY 19, 2024**

**REQUIRED: SIGNATURE**

**X**  
**Signature of a member or an authorized representative of a member.**

**JOSE IGNACIO ZOLEZZI**

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

**THE MAIN OBJECTIVE OF THE COMPANY IS:**

**ACCOUNTING & CONSULTING**

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