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2005 JUL 15 11:06 AM  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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TALLAHASSEE, FLORIDA



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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** American Screen Distributors, LLC  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

William H. Conway III  
(Name of Person)

American Screen Distributors, LLC  
(Firm/Company)

6621 Beret Drive  
(Address)

Orlando Florida 32809  
(City/State and Zip Code)

For further information concerning this matter, please call:

William H. Conway III at ( 407 ) 251-8089  
(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 1: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

American Screen Distributors, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

6621 Beret Drive  
Orlando, Florida 32809

6621 Beret Drive  
Orlando, Florida 32809

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William H. Conway III  
Name

6621 Beret Drive  
Florida street address (P.O. Box NOT acceptable)

Orlando, Florida 32809 FL  
City, State, and 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 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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MGRM

William H Conway III

6621 Beret Drive

Orlando Florida 32809

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Cary M Engelhardt

944 SE Westminster Place

Stuart Florida 34997

MGRM

William Hancox

353 US Highway 1 Jupiter Bay F408 West

Jupiter Florida 33476

MGRM

Richard W Hancox

2448 SW Malibu Way

Stuart Florida 34997

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William H. Conway III  
\_\_\_\_\_  
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)