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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMINICAN HOME MANAGEMENT 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:
Tax Silver
American Home Management, LLC (Pirm/Company)
22602 Magnolia Trave Blvd
Lutz, F1 33549 1
(City/State and Zip Code) For further information concerning this matter, please call:
Toy Sciver at (813) 4110-7788 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S155.00 Filing Fee SCERTIFICATE OF STATUS STATUS CERTIFICATE OF STATUS STATUS CERTIFICATE OF STATUS STATU
Mailing Address Registration Section Street/Courier Address Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
American Home Management, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
22602 Magnolia Truce Blad Same
Lutz F1 73549
(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: Innovative Home Investors. In Company Carlo 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: Name 1331/ Winding Out Cf. Florida street address (P.O. Box NOT acceptable) 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

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) **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.)

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)