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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Hiling Officer:	
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ATALLAHASSEE, FLURIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Michael Ames Investments, 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:
Michael AMES (Name of Person)
Michael Ames Investments, LLC == }
6869 Stapoint Ct. Suite 104 B 5
Michael Ames Investments, LLC 35 (Firm/Company)  6869 Stapoint Ct. Suite 10H 35 5 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8
For further information concerning this matter, please call:
Michael Ames at 407, 913 - 9755  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section  Street/Courier Address Registration Section

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

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

ARTICLE II - Name: The name of the Limited Liability Company is:  Michael Ames Investments, Lle Grand Company or their abbreviation "LLC," or "LC,"	ARTICLES OF ORGAN							1
Michael Ames Investments, LLC, or "LC." Grown Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC." Grown ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address  Mailing Address:  Mailing Address:  Mailing Address:  Mailing	ARTICLE I - Name: The name of the Limited l	Liability Company	y is:			HASSI	167	- Ti
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing A	4,					LLC	ين الكان	O .
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  (369 Sta Point Ct. Suite of 6869 Sta Point Ct. Suite 10th Winter Park, FL. 32792  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:    Michael Ames   Ames	(Must end with the words "Limited	Liability Company, "L	Limited Cor	mpany" or their	abbreviation '	"LLC," or "L.C.,"	<b>鲁</b> 克 59	
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:    Michael Ames   Ames     13714 OLD Dock Road     Florida street address (P.O. Box NOT acceptable)     Octando, Fl. 32328     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		treet address of th	e princi	oal office of	the Limite	پ d Liability C:	ompany is:	
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:    Michael Ames	Principal Office Address	♦ •	М	ailing Addr	ess:			
The name and the Florida street address of the registered agent are:    Michael   Ames     Name     Mold   Ames     Name     Not   Ames     Name     Name	6869 Stapoi Winter Park,	nt Ct., suin FL, 32 792	e104	6869 Suit Winter	Stap e 104 Parki	FL. 3299	<u>-</u>	
Name    3714 OLD Dock Road     Florida street address (P.O. Box NOT acceptable)   Orlando, FL 32828     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	(The Limited Liability Company of	annot serve as its own F	ered Off Registered	fice, & Regi Agent, You mus	stered Ag t designate an	ent's Signati individual or and	are: other	
Florida street address (P.O. Box NOT acceptable)  Octor Sacreptable)  Octor Sacreptable)  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	The name and the Florida	street address of t	the regis	tered agent a	are:		BATTON	VE DAT
Florida street address (P.O. Box NOT acceptable)  Orlando, Fl. 32828  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	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Michae	e) /	mes	· · · · · · · · · · · · · · · · · · ·		124	21.00
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	liability company at th registered agent and agre statutes relating to the p	e place designated te to act in this cap roper and complet	d in this o pacity. I j te perfort	ertificate, I i further agree mance of my	hereby acco e to comply duties, and	ept the appoin with the prov d I am familia	ntment as visions of all or with and	
Registered Agent's Signature (REQUIRED)	· well-reduced a series	M-h		DEOLIDED)	<del></del>			

(CONTINUED) Page 1 of 2

The name and address of each Mana	naging Member(s):  Iger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	naging Member(s):  Iger or Managing Member is as follows:  Name and Address:
MGR	Michael S. AMES  13714 DID POCK Road  Oslando, FL. 32828
<del> </del>	
07	
• • • • • • • • • • • • • • • • • • • •	e date of filing: March 13th 2006. (OPTION
LE V: Effective date, if other than the fective date is listed, the date must he	e date of filing: March 13th 2006. (OPTION be specific and cannot be more than five business d
(Use attachment if necessary)  LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: March 13th 2006. (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business despective and cannot be more than five business despective of a member.

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)

Typed or printed name of signee