## LD7000083604

(Damada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Ottyrolaterzipir Hollo #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified doples Certificates of diatus
Special Instructions to Filing Officer:
Special matractions to 1 ming Cinedi.

Office Use Only



300106490663

08/14/07--01031--002 \*\*125.00

/ AUG 14 AM 11: 13 ECRETAKY OF STATE LI AHASSEE ET ORIDA

## **COVER LETTER**

Division o	f Corporations		•
SUBJECT:		nergy, LLC	
	(Name of Limit	ed Liability Comp	any)
The enclosed Articl	es of Organization and fee(s) are	submitted for filin	g.
Please return all con	rrespondence concerning this matt	er to the following	g:
•	John J. Blei	dt, Attorney	at Law
		(Name of Person)	
		(Firm/Company)	
	105 S.	Sherrin Av	renue
***************************************		(Address)	
	Louisvill	e,Kentucky	40207
	(Cit	y/State and Zip Cod	e)
For further informa	tion concerning this matter, please	call:	
John J. Blei	dt	at (502	896-2301 de & Daytime Telephone Number)
1)	Name of Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed is a chec	ck for the following amount:		
<b>☑</b> \$125.00 Filing F	ee \$\sumsymbol{\sumsymbol{\subsymbol{\sin\symbol{\subsymbol{\subsymbol{\subsymbol{\sin\symbol{\subsymbol{\sin\symbol{\sin\symbol{\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	\$155.00 Filin Certified Co (additional cop	ppy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton F 2661 Ex	ourier Address tion Section of Corporations Building ecutive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ameri-Energy,	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6953 Lone Oak Blvd.	105 S. Sherrin Avenue
Naples, Florida	Louisville, Kentucky 40207
The name and the Florida street address of the real John J. B	FIL SECRE LAWASS
6953 Lone Oak Blvd. Florida street add	ress (P.O. Box NOT acceptable)
Naples	FI.
City, State, a	nd Zip DFT 3
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGRM"	John J. Bleidt
	105 S. Sherrin Avenue
	Louisville, Kentucky 40207
<del></del>	
	<u> </u>
(Line attended if a consequence)	
	e date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be	pe specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:	pe specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member to section 508.408(3), Florida Statutes, the execution of periury an affirmation under the penalties of periury and affirmation under the penalties of pen
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated.	er or an authorized representative of a member to section 508.408(3), Florida Statutes, the execution of periury an affirmation under the penalties of periury and affirmation under the penalties of pen

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)