

W07000086760

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Aft03, llc

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

W07-86760
QR

3

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFT03, 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:

8005 N.W. 90 STREET.

SAME

MEDLEY, FLORIDA 33166

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

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

ABE NG

Name

8005 N.W. 90 STREET

Florida street address (P.O. Box NOT acceptable)

MEDLEY

FLORIDA 33166

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 (REQUIRED)

(CONTINUED)

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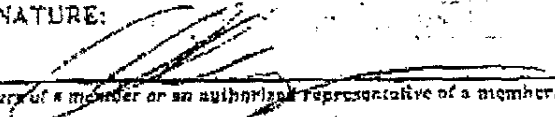
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>ABE NG</u> <u>8005 NW 90 STREET</u> <u>MEDLEY, FLORIDA 33166</u>
<u>MGRM</u>	<u>ALLAN NG</u> <u>8005 NW 90 STREET</u> <u>MEDLEY, FLORIDA 33166</u>
<u>MGRM</u>	<u>BETTY NG</u> <u>8005 NW 90 STREET</u> <u>MEDLEY, FLORIDA 33166</u>
<u>MGRM</u>	<u>IVA NG</u> <u>8005 NW 90 STREET</u> <u>MEDLEY, FLORIDA 33166</u>

(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 608.406(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ABE NG

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 15.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 2.00 Certificate of Status (Optional)

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