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**EXAMINER** 



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11 DEC 29 AM ID: 33
SECRETARY OF STATE
ALLAHASSEE F. STATE

## **COVER LETTER**

TO:

**Registration Section** 

•	Division of Corporations	
	· SUBJECT: A.M. FISHER PROPERTIES	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:	
	ALLEN FISHER	
	Name of Person	
	Firm/Company	
	6331 GARLAND COURT	
	Address	
	NEW PORT RICHEY	
	City/State and Zip Code	
	DRALLENFISHER@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	ALLEN FISHER at ( 727 ) 798-0905	
	Name of Person Area Code & Daytime Tele	phone Number
	Enclosed is a check for the following amount:	
	\$125.00 Filing Fee \$\times \text{S155.00 Filing Fee & Certificate of Status}\$  Certificate of Status  Certified Copy  (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	'ICL	ÆΙ	- N	ame:
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The name of the Limited Liability Company is:

A.M. FISHER PROPERTIES, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "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:** 

6331 GARLAND COURT

NEW PORT RICHEY, FL 34652

6331 GARLAND COURT NEW PORT RICHEY, FL 34652

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:

ALLEN FISHER

Name

6331 GARLAND COURT

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

NEW PORT RICHEY FL 34652 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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ALLEN FISHER
	6331 GARLAND COURT
	NEW PORT RICHEY, FL 34652
<del></del>	
Use attachment if necessary)	
LE V: Effective date, if other than the	he date of filing: (OPTIO
(Use attachment if necessary)  LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	he date of filing: (OPTION to be specific and cannot be more than five business of
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	the specific and cannot be more than five business of
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation unlimated any false information unlimated and false information unlimated any false information unlimated and	the date of filing:

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)