

**L12000157578**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

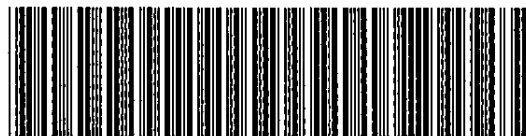
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**FILED**  
12 DEC 13 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



December 11, 2012

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Dissolution of Patrick and Colleen Ward D/B/A Ameriprod and formation of Ameriprod LLC

Dear Sir/Madame:

Mr. and Mrs. Ward have retained my firm to assist them in forming Ameriprod LLC. In furtherance of this, I am formally requesting the dissolution of Patrick and Colleen Ward D/B/A Ameriprod (registration number G10000046942).

As Mr. and Mrs. Ward are owners of the D/B/A as well as proposed managing members of the LLC, I have enclosed the completed LLC Articles of Organization and Designation of Registered Agent form so that they may continue to do business without interruption.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Sarris', is written over a horizontal line.

Gust G. Sarris, Esq.

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ameriprod, 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:

**Gust Sarris, Esq.**

Name of Person

**Affinity Law Firm**

Firm/Company

**3947 Boulevard Center Drive, Suite 101**

Address

**Jacksonville, Florida 32207**

City/State and Zip Code

**gsarris@affinitylawfirm.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gust Sarris**

Name of Person

at ( **904** ) **398-9510**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
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  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 13 PM 3:27

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ameriproduct 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:**

2950 Halcyon Lane  
Jacksonville, Florida 32223

2950 Halcyon Lane  
Jacksonville, Florida 32221

**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:

Gust Sarris, Esq.  
Name

3947 Boulevard Center Drive, Suite 101  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32207  
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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Tyler Alderman

6173 Eddystone Trail

Jacksonville, Florida 32258

MGRM

Krystie Alderman

6173 Eddystone Trail

Jacksonville, Florida 32258

MGRM

Patrick Ward

727 Celebration Lane

Middleburg, Florida 32068

MGRM

Colleen Ward

727 Celebration Lane


Middleburg, Florida 32068

(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:**

 Esq. / General Counsel  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gust G. Sarris, Esq.  
Typed or printed name of signee

**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)**