## LOOOOOOO9918

Address

Orionda FL 33817

City/State/Zip Phone #

100003344161--8 -08/02/00--01070--011 \*\*\*\*160.00 \*\*\*\*160.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3	(Document #)
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4. (Corporation Name)  Walk in Pick up time	in the second se
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability me aliability Other	<ul> <li>□ Amendment</li> <li>□ Resignation of R.A., Officer/Director</li> <li>□ Change of Registered Agent</li> <li>□ Dissolution/Withdrawal</li> <li>□ Merger</li> </ul>
odater Annual Report	REGISTRATION/QUALIFICATION  Description  Foreign Limited Partnership Reinstatement  Reinstatement
odater Fictitious Name erityer	Trademark
. P. Verifyer	Other
CP2E031(7/07)	Examiner's Initials

CR2E031(7/97)

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 7, 2000

STEVEN R. ROSEMAN 1916 DEBORAH DRIVE ORLANDO, FL 32817

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

You failed to put the name in article I and the address in article II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 400A00042609

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is: Amber Enterprises Ltd. Co.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1916 Deborah Dr. Orlando, Fl. 32817
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
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 previded for in Chapter 608, F.S.  Registered Agent's Signature
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)  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.)

R. Koseman

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)