

L03000007530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

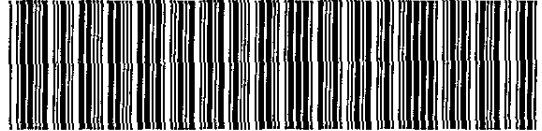
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JB
3-3-03

**Cover Letter
For
Amalgom LLC
Articles of Organization**

To:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
(850) 245-6051

Submitted by:

Kevin D Zollicoffer
1027 34th Av. N.
Saint Petersburg, FL 33704
(813) 728 – 8551

Fees Included:

\$155

Filing Fee for Articles of Organization
Designation of Registered Agent
Certified Copy

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TALLAHASSEE, FLORIDA

ARTICLES
AND
FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amalgom LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mail Address:

Amalgom LLC
PO Box 2070
Tampa, FL 33601-2070

Street Address:

Amalgom LLC
1027 34th Av. N.
Saint Petersburg, FL 33704

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

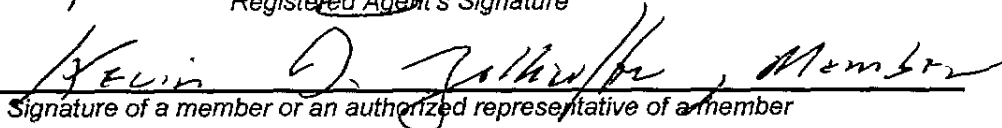
The name and the Florida street address of the registered agent are:

Kevin D Zollicoffer
1027 34th Av. N.
Saint Petersburg, FL 33704

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



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)

Kevin D Zollicoffer

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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AND
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