

L03000015267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

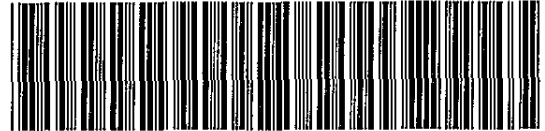
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
03 APR 29 AM 11:11  
JULIA A. HARRIS, CLERK  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
03 APR 29 PM 12:52  
JULIA A. HARRIS, CLERK  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
L03-15267  
QR

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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

- 1- AAMT, LLC
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

STATE  
TALLAHASSEE, FLORIDA

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Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
AAMT, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the limited liability company shall be **AAMT, LLC**.

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company is **5224 Blackjack Circle, Punta Gorda, Florida 33982**.

**ARTICLE III -- DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the Operating Agreement.

**ARTICLE IV -- REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the state of Florida are **Abraham J. Al-Arnasi, Jr., 5224 Blackjack Circle, Punta Gorda, Florida 33982**.

**ARTICLE V -- MANAGEMENT**

The company shall be managed by the members in accordance with the operating agreement adopted by the members for the management of the business and affairs of the company. The operating agreement may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization.

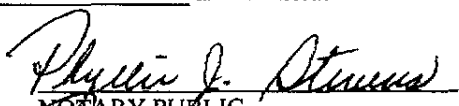
IN WITNESS WHEREOF, the undersigned member has made and subscribed these articles of organization at Punta Gorda, Charlotte County, Florida, on this 28<sup>th</sup> day of April, 2003.

  
Abraham J. Al-Arnasi, Jr., Member

STATE OF: Florida  
COUNTY OF: Charlotte

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of April, 2003 by Abraham J. Al-Arnasi, Jr., who is personally known to me or produced \_\_\_\_\_ as identification.

SEAL

  
NOTARY PUBLIC

Phyllis J. Stevens  
Printed Name of Notary



Phyllis J. Stevens  
MY COMMISSION # DD076730 EXPIRES  
December 29, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.

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ALL HASSELE FLORIDA

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