

LO3000032653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

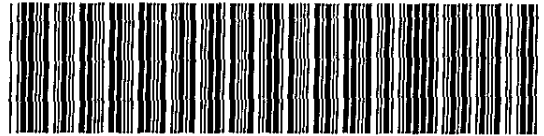
(Business Entity Name)

(Document Number)

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

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LO3-32653  
AR

August 21, 2003

Florida Department of the State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept and process the articles of organization for our new company.  
Our payment is enclosed with this request.

Danny E. McCallister   
Diane J. McCallister 

18510 Bittern Avenue  
Lutz, Florida 33558

Phone: 813-417-4959  
Phone: 813-417-6023

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Homestead Investments, L.L.C.  
(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:

Danny E. McCallister

(Name of Person)

American Homestead Investments, L.L.C.

(Firm/Company)

18510 Bittern Avenue

(Address)

Lutz, Florida 33558

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane J. McCallister

(Name of Person)

at ( 813 ) 417-4959

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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SEP 25 PM 2:15  
TALLAHASSEE  
FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
American Homestead Investments, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

18510 Bittern Avenue  
Lutz, Florida 33558

**Mailing Address:**

P.O. Box # 826  
Lutz, Florida 33548

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

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

Danny E. McCallister

Name

18510 Bittern Avenue

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

Lutz, Florida 33558

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

(CONTINUED)

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**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"

DANNY E. MCCALLISTER

18510 BITTERN AVENUE

LUTZ, FLORIDA 33558

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Danny E. McCallister  
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.)

Danny E. McCallister  
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)