L04000028611

		
(Red	(uestor's Name)	
(Add	fress)	
(Add	lress)	
·	·	
(C):	/Dt-1-17: - (D1-	40
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(-,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Cupais I last visions to 1		
Special Instructions to F	-lling Officer:	Ì
}		Ī
i I		}
[1
}		}
}		}
<u> </u>		[

Office Use Only



900031733009

04/05/04--01059--007 **160.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: (Name of Limited Liability Company)
(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:
Traine retain an correspondence concerning and matter to the renowing.
DONNA MORRISEY/EDWARD MORRISEY (Name of Person)
Am Star Mortsage Corp. (Firm/Company)
7441 Conroy Rd (Address)
ORIANDO + FLORIDA 32835 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 532 5464 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	: ,	•	د.د.د.	
ARTICLE II - Address: The mailing address and street address of the particle.	•	OBLANDO he Limited Liability C	ompany is:	
Principal Office Address:	Mailing	: Address:		
7441 CONROY ROAD ORIANDO IFLORIDA 32835	F - a	1441 CONRO LANGO FLO 2835	RIDA	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the results of the resu	PROAD. D. Box NOT acceptable FL 328		POWNER SEE FLORIDA	
Having been named as registered agent and to a liability company at the place designated in this registered agent and agree to act in this capacity statutes relating to the proper and complete per great the obligations of the proper and complete per great the obligations of the proper.	certificate, I hereb y. I further agree t formance of my du	ry accept the appointme to comply with the prov ties, and I am familiar v	ent as visions of all with and	

(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	Name and Address:		
"MGRM" = Managing Member			
MERM	DONNA M. MODRISEY 3814 WINDERIAKE PRIVE ORIANDO; FLARIDA 33835		
MER	FOURD L. MORRISEY 965 SEQUOTA DRIVE WINTER SPRING, FLORINA 32708		
m GRM	William A. Morrisey 3814 Windroldke Drive ORLANDO FLORIDA 32835		
	The state of the s		
(Use attachment if necessary)	SKI Z. I.		
NOTE: An additional article must be added if an effective date is requested.			
REQUIRED 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.)

M- MORRISEY
Typed or printed name of signee DONNA

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)