

L040000029375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

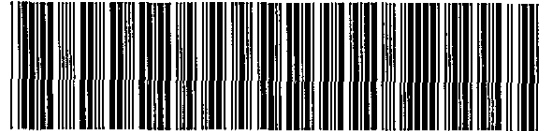
Special Instructions to Filing Officer:

per Robert add suffix

524-2827

W04-14410

Office Use Only



300031170893

04/16/04--01051--018 **160.00

04 APR 16 PM 2:41
SECRETARY OF STATE
CLERK OF COURTS

AND
FILED

4/16/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 14, 2004

ROBERT J. PIERRE
PO BOX 670246
CORAL SPRINGS, FL 33067

SUBJECT: AMALGAMATED BUSINESS PRINCIPLES, L.L.C.
Ref. Number: W04000014410

We have received your document for AMALGAMATED BUSINESS PRINCIPLES, L.L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is an old form and the filing requirements have changed. Please complete the enclosed form.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 504A00024572

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 16 PM 2:41

AND
FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMALGAMATED BUSINESS PRINCIPLES, LLC
(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:

Robert John-Pierre

(Name of Person)

AMALGAMATED BUSINESS PRINCIPLES

(Firm/Company)

318 Indian trace # 237

(Address)

Weston / Florida 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert John-Pierre

(Name of Person)

at (954) 234-0445

(Area Code & Daytime Telephone Number)

04 APR 16 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMALGAMATED BUSINESS PRINCIPLES, LLC

ARTICLE II - Address:

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

Principal Office Address:

A. B. P.
318 Indian trace # 237
Weston, FL 33326

Mailing Address:

A. B. P.
318 Indian trace # 237
Weston, FL 33326

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Robert John Pierre
Name

318 Indian trace # 237
Florida street address (P.O. Box NOT acceptable)

Weston, FLORIDA 33326
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, Florida Statutes..

Robert John Pierre
Registered Agent's Signature

04 APR 16 PM 2:41
CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLE
AND
FILED

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

Robert Sohn-Pierre
PO Box 670246
Local Springs, FL 32063

MGRM

Paul Echols
318 Indian trace # 237
Weston, FL 33326

MGRM

Damen Forbes
318 Indian trace # 237
Weston, FL 33326

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Robert Sohn-Pierre
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.)

Robert Sohn-Pierre
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)

04 APR 16 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT
AND
FILED