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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	C

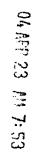
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TRANSMITTAL LETTER

BJECT: American Stand, LLC	
(Name	of Limited Liability Company)
ne enclosed Articles of Organization and for	ee(s) are submitted for filing.
Please return all con	rrespondence concerning this matter to the following:
Am Olson	
	(Name of Person)
American Stand, LLC	
	(Firm/Company)
8228 Country Oaks Ct.	
	(Address)
Sarasota, FL 34243	
	(City/State and Zip Code)
For further information concerning this mat	ter, please call:
Arn Olson	at (941) 351-4432
(Name of Person)	(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	s:	
American Stand, LLC		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
8228 Country Oaks Ct.	8228 Country Oaks Ct.	
Sarasota, FL 34243	Sarasota, FL 34243	
		
ARTICLE III - Registered Agent, Registere		ure:
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the		
The name and the Florida street address of the	e registered agent are:	
The name and the Florida street address of the Am Olson	e registered agent are:	04 APR 23
The name and the Florida street address of the Am Olson Name 8228 Country Oaks Ct.	e registered agent are:	04 APR 23

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Ron R. Yancey 613 21rd. East Bradenton, FL 34208 MGRM Arn Olson 8228 Country Oaks Ct. Sarasota, FL 34243 (Use attachment if necessary) 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.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Am Olson

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee