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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \$amBam Interprises, 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:

Joseph Aprile

(Name of Person)

(Firm/Company)

4869 - 121st Terrace N.

(Address)

Royal Palm Beach, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Aprile

(Name of Person)

at ( 561 ) 798-6569

(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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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 28, 2004

JOSEPH APRILE  
4869 - 121ST TERRACE N.  
ROYAL PALM BEACH, FL 33411

SUBJECT: \$AMBAM INTERPRISES, LLC  
Ref. Number: W04000016379

We have received your document for \$AMBAM INTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On page 2 of your Articles, we only need information about who is managing the company; we do not need information about people who are members but not managing members. Individuals listed on page 2 should have one of the two titles "MGR" or "MGRM," as shown on the form.

You must list the name(s) in Article IV, as well as the addresses.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 204A00028375

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SamBam Interprises, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1561 West 13th Street

1561 West 13th Street

Riviera Beach, FL 33404

Riviera Beach, FL 33404

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

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

Shirley D. Lanier

Name

1561 West 13th Street

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

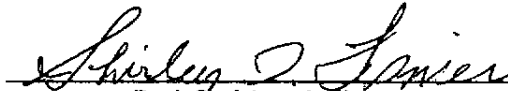
Riveria Beach

FLORIDA 33404

City, State, and Zip

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*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

**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

1561 West 13<sup>th</sup> Street

Riviera Beach, FL 33404

SAM LANIER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

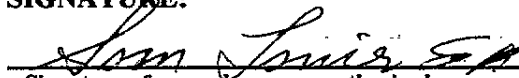
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(Use attachment if necessary)

**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.)

Sammie Lanier

Typed or printed name of signee

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