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(Reque	estor's Name)	
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PICK-UP	WAIT MAIL	
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(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filin	ng Officer:	





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALTMANN ENTERPRISES 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:		
ANTHONY F. ALTMANN		
(Name of Person)		
ALIMANN ENTERPRISES LLC (Firm/Company)		
• • • •		
3895 N.W. S3RD STREET		
BOCA RATON, FL 33496		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ANTHONY F. ALTMANN at (561) 241-1119 (Name of Person) (Area Code & Daytime Telephone Number)) (- C	

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:

ALTMANN ENTERPRISE	S LLC
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3895 N.W. S3RD STREET	3895 N.W. SZRD STREET
BOCA RATON, FL 33496	BOCA RATON, FL 33496

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

ANTHONY F. ALTMANN

Name

3895 N.W. S3RD STREET

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

BOCA RATON FLORIDA 33496

City, State, and Zip

Having heen 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)

The name and address of each	Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	ANTHONY F. ALTMANN 3895 N.W. 53RD STREET BOCARATON, FL 33496
(Use attachment if necessary)	
NOTE: An additional article REQUIRED SIGNATURE:	e must be added if an effective date is requested.
Signature of a mem	ber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
ANT	THONY F. ACTMANN Typed or printed name of signee
	Types or printed name or signed

ARTICLE IV- Manager(s) or Managing Member(s):

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)