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2004 JUL 29 A 11:08

SECRETARY OF STATE
(Requestor's Name) TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: American Investments, LLC
(Name of Limited Liability Company)

2004 JUL 28 A 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSHUA MICHAEL
(Name of Person)

American Investments, LLC
(Firm/Company)

467 S.E. Streamlet Avenue
(Address)

Port St. Lucie, FL 34983
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Kearns at (772) 528-7167
(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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Investments, 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:

467 S.E. Streamlet Ave
Port St Lucie, FL 34983

same

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

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

Penny A. Mazzilli
Name

1465 SW 34TH ST.
Florida street address (P.O. Box **NOT** acceptable)

Palm City FLORIDA 34990
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..

Penny A. Mazzilli
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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Joshua Michael
467 S.E. Streamlet Ave
Port St Lucie, FL 34983

MGR

Mitchell Mazzilli
1465 S.W. 34th St.
Palm City, FL 34990

MGRM

Kimberly Kearns
467 SE Streamlet Ave
Port St Lucie, FL 34983

MGRM

Penny Mazzilli
1465 S.W. 34th St
Palm City, FL 34990

(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.)

Joshua Michael
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)