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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS

WR 11/16/04  
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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

ags properties, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

HUMWOOD 1540

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**ARTICLES OF ORGANIZATION  
FOR  
AGS PROPERTIES, LLC**

**ARTICLE I NAME**

The name of the limited liability company is: **AGS PROPERTIES, 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:

**AGS PROPERTIES, LLC  
10889 BLUE PALM ST.  
PLANTATION, FL 33324**

**AGS PROPERTIES, LLC  
10889 BLUE PALM ST.  
PLANTATION, FL 33324**

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE**

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

**ALEX E. ALEMAN, DMD  
10889 BLUE PALM ST.  
PLANTATION, FL 33324**

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

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**ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)**

The name(s) and street address(es) of each manager or managing member is as follows:

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

**MGR**

**ALEX E. ALEMAN, DMD  
10889 BLUE PALM ST.  
PLANTATION, FL 33324**

**MGRM**

**MICHAEL A. GORMAN, DMD  
4440 E. SENECA AVE.  
WESTON, FL 33332**

(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)

ALEX E. ALEMAN, DMD

Type or printed name of signer

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