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## TRANSMITTAL LETTER

Division of Con			
SUBJECT: AJG Man	agement, LLC		
3000BC1		d Liability Company)	<del></del>
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Amy J. G	Salloway		
<del></del>	C	Name of Person)	
Duke, Mullin & Gallo	way, P. A.		200 
		Firm/Company)	L S
1700 East L	as Olas Bivd., PH-1		2005 JAN -3 PH 3: 3T
		(Address)	THE PART OF
Fort L	auderdale, FL 33301		3: 37 RATIONS CORIDA
	(City/	State and Zip Code)	<b>,</b>
For further information of	concerning this matter, please	call:	
Amy J. Galloway		at (954 ) 761-7200	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
AJG Management, LLC	<del></del>	
ARTICLE II - Address:		
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4700 F .I.I. OL DI I DII 4	4700 F41 Ot - DL   - DL	
1700 East Las Olas Blvd., PH-1	1700 East Las Olas Blvd., PH-1	
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301	
ARTICLE III - Registered Agent, Registered		
	a B	
The name and the Florida street address of the re	gistered agent are:	
Amy J. Galloway		
	<del></del>	
Name	\$ 50 L	
1700 East Las Olas Blvd., PH -1		
Florida street address (P.O. Box NOT acceptable)		
	ess (P.O. Box NOT acceptable)	
Fort Lauderdale, FL 33301 FL R		
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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Amy J. Galloway
	1700 East Las Olas Blvd., PH-1
	Fort Lauderdale, FL 33301
	200
	SSS
	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
(Use attachment if necessary)	ALION T
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Any	J. Mc 6

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.)

Amy J. Galloway

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)