

L05000006646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2005 JAN 11 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alberto M. Espinosa, Sr.
4211 SW 150 Ave
Miami, Fl 33185
305-226-2482
305-431-5457

January 7, 2004

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Fl 32314

Re: AME Insurance and Financial Services Ltd. Co.
a new Request for Filing a Florida LLC

Folks:

Next you will find the articles of Organization for Florida Limited Liability Company, and appropriate filing fees. I have also included an excite copy should you require it.

Please advise if you will need any additional information

Sincerely,



Alberto M. Espinosa, Sr.

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AME INSURANCE AND FINANCIAL SERVICES, LTD. CO.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4211 SW 150 AVE
MIAMI, FL 33185

4211 SW 150 AVE
MIAMI, FL 33185


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

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

ALBERTO M. ESPINOSA, SR.
Name

4211 SW 150 AVE
Florida street address (P.O. Box **NOT** acceptable)
MIAMI, FL 33185
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

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TALLAHASSEE, FLORIDA
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(CONTINUED)

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

ALBERTO M. ESPINOSA, SR
4211 SW 150 AVE
MIAMI, FL 33185

MGRM

JOSEFINA C. ESPINOSA
4211 SW 150 AVE
MIAMI, FL 33185

(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.)

ALBERTO M. ESPINOSA, SR.

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)

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