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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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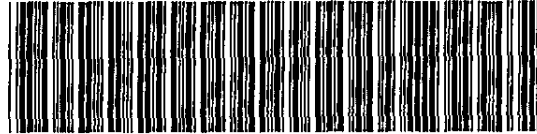
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Amaryken Investments, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File_____
- ☐ LTD Partnership File_____
- ☐ Foreign Corp. File_____
- ☒ L.C. File_____
- ☐ Fictitious Name File_____
- ☐ Trade/Service Mark_____
- ☐ Merger File_____
- ☐ Art. of Amend. File_____
- ☐ RA Resignation_____
- ☐ Dissolution / Withdrawal_____
- ☐ Annual Report / Reinstatement_____
- ☒ Cert. Copy_____
- ☒ Photo Copy_____
- ☐ Certificate of Good Standing_____
- ☐ Certificate of Status_____
- ☐ Certificate of Fictitious Name_____
- ☐ Corp Record Search_____
- ☐ Officer Search_____
- ☐ Fictitious Search_____
- ☐ Fictitious Owner Search_____
- ☐ Vehicle Search_____
- ☐ Driving Record_____
- ☐ UCC 1 or 3 File_____
- ☐ UCC 11 Search_____
- ☐ UCC 11 Retrieval_____
- ☐ Courier_____

Signature _____

Requested by: *WL*

Name _____

Date *6/9*

Time *11:00*

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION
OF
AMARYKEN INVESTMENTS, LLC
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned adopt the following Articles of Organization for the purpose of becoming a Limited liability Company, under the Florida Limited Liability Company Act.

1. **Name.** The name of the Limited Liability Company is:

AMARYKEN INVESTMENTS, LLC

2. **Term.** The duration of this Company shall be perpetual, unless earlier dissolved as provided by the Operating Agreement.

3. **Purpose.** The business of the Company is to engage in any lawful act or activity which may be carried on by a limited liability company under the Laws of the State of Florida, or the laws of any other State or jurisdiction in which the company may conduct its business.

4. **Addresses:** The mailing address and the street address so the principle office of the Company shall be:

108 Jubilee Circle
Daytona Beach, FL 32124

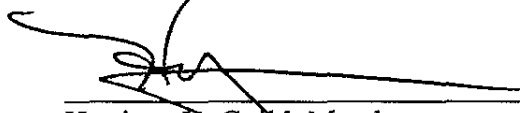
5. **Registered Agent.** The name of the Company's initial registered agent in the State of Florida is Harrison K. Guild, and the address of the Company's registered office in Florida is 108 Jubilee Circle, Daytona Beach, FL 32124

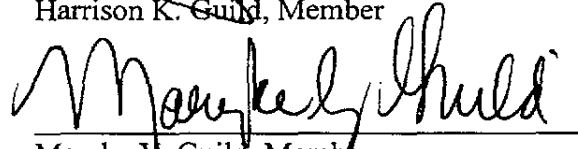
6. **Management.** The Company is to be managed its Members in accordance with the Operating Agreement adopted by its Members for the management of the business and affairs of the company. The names and addresses of the initial Members are:

Harrison K. Guild
108 Jubilee Circle
Daytona Beach, FL 32124

Maryke Y. Guild
108 Jubilee Circle
Daytona Beach, FL 32124

IN WITNESS WHEREOF, for the purpose of forming a limited liability company in accordance with the requirements of the Florida Limited Liability Company Act, the undersigned have executed these Articles of Organization n this ____ day of June, 2005.



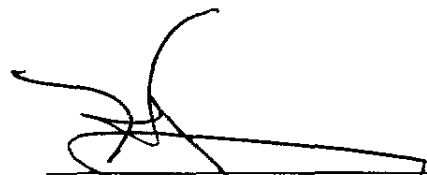
Harrison K. Guild, Member


Maryke Y. Guild, Member

CERTIFICATE OF REGISTERED AGENT
AND REGISTERED OFFICE

In accordance with Section 608.415 of the Florida Limited Liability Company Act, the undersigned, who is named as the Registered Agent in the above Articles of Organization, hereby consents to accept service of process fo the Company at 108 Jubilee Circle, Daytona Beach, FL 32124, and accepts the appointment as registered agent and agrees to act in that capacity.

Date: June ___, 2005



Harrison K. Guild