

WS000066532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

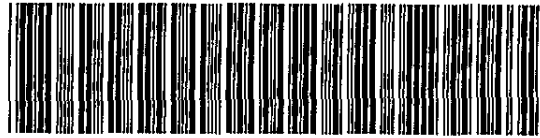
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WS-66532
OK

Sader
2740 Martin Downs Blvd., #318
Palm City, FL 34990
772/286-1218 772/286-8988 FAX

TO:Florida Department of State/Registration Section

FROM: Marianne Sader

DATE:June 27, 2005

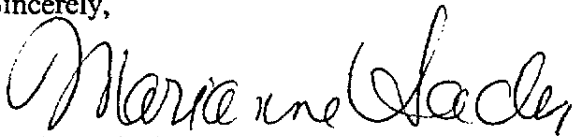
Dear Florida Department of State,

I am enclosing the Transmittal Letter and Articles of Organization to form a Limited Liability Corporation; AME, LLC.

Please contact me at 772-286-1218 if you have any questions or need any further information.

Thank you for your help.

Sincerely,

A handwritten signature in cursive script that reads "Marianne Sader".

Marianne Sader

2005 JUN 28 PM 4:12
STATE OF FLORIDA
REGISTRATION SECTION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AME, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Marianne Sader
(Name of Person)

(Firm/Company)

2740 SW. Martin Downs Blvd. #318
(Address)

Palm City FL 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

Marianne Sader at (772) 286-1218
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAME, LLC

ARTICLE II - Address:

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

Principal Office Address:

1874 S.W. St. Andrews Dr.
Palm City, FL 34990

Mailing Address:

2740 S.W. Martin Dums Blvd.
#318
Palm City, FL 34990

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

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

Marianne Sader
Name

1874 S.W. St. Andrews Dr.
Florida street address (P.O. Box NOT acceptable)
Palm City, FL 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, F.S..

Marianne Sader
Registered Agent's Signature

(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:

MGR

Ali Sader
1874 S.W. St Andrews Dr.
Palm City, FL 34990

MGR

Marianne Sader
1874 S.W. St Andrews Dr.
Palm City FL 34990

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Marianne Sader 6/27/05
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.)

Marianne Sader
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)