L05000081140

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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08/15/05--01045--006 **125.00



M 08/17/05



TRANSMITTAL LETTER

TO:	Registration Se Division of Co							
SUBJE	CT: Am	ERICAN	NATIONAL	. S. 4N	LLC &	(a /a	Davis S	signs
		(I	Name of Limite	l Liability Compa	any)			
The end	closed Articles o	of Organization	and fee(s) are s	ubmitted for filing	g.			
Please i	refum all correst	oondence conce	ming this matte	r to the following	ı:			
1 10000 1				wid 444 Name of Person)	•			
		. (0)	(1	Name of Person)		,, , , , t,,		
A	mercial	MATTOMAL	Sind !	Firm/Company)	2/4 D	ماآخ	SIGNS	-
	<u></u>	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)				
							_	
	3350	FAST	Bay	DRIVE			15 N	-
				(Address)			TALLAM TALLAM	5
							·	5
		LA	·	LOLIDA	3377	1.4	AL THE	15 PH 1:02
	***************************************		(City	State and Zip Code	e)		TO	
							92	2 2
For fur	ther information	concerning thi	s matter, please	call:			P	•
R	DHALD +	2		at (727	535	-666	L	
	(Nam	e of Person)		(Area Cod) 535 · le & Daytime T	elephone Nu	ımber)	
Enclos	ed is a check f	or the following	ng amount:					
\$125	.00 Filing Fee			🖸 \$155.00 F			0.00 Filing F	
		Certificate	of Status	Certified Cop (additional copy	•	Certifie	ate of Status of ed Copy al copy is enclos	
	and being recorded. The	195 gay pilpij - 2. spec salec salec salec sale	_					
	SIRI	EET ADDRES	S:		MAILING A	DDRESS		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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 Compa	any is:
American National Sie	A LLC -
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
•	
Principal Office Address:	Mailing Address:
3350 Easy Bay Deive	2350 FAST BAY DRIVE LARGO, FL 33771
LARGO, FL 33771	LAR40, FL 33771
	. 475-31-31-31-31-31-31-31-31-31-31-31-31-31-
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:
The name and the Florida street address of	of the registered agent are:
Rajaro "	Townse
	Name Au S
3350 FA	- BAY VRIVE SEE 1
	reet address (P.O. Box NOT acceptable)
LARGO	EL 3377/ EC 0 M
City,	State, and Zip
Having heen named as registered agent a	and to accept service of process for the above stafed limited
liability company at the place designat	ed in this certificate, I hereby accept the dipointment as
registered agent and agree to act in this c	apacity. I further agree to comply with the provisions of all
statutes relating to the proper and comp	lete performance of my duties, and I am familiar with and
accept the obligations of my position a	is registered agent as provided for in Chapter 608, F.S
Registered.	Agent's Signature

Page 1 of 2

(CONTINUED)

itle: MGR" = Manager MGRM" = Managing Member	Name and Address:
MGRM	Robert Powhere
	13350 FACT Bay Daive
,	
Jse attachment if necessary)	
Ose attachment if necessary)	

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.)

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)