

105000084712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

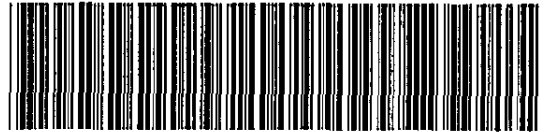
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800058769198

04/20/05-000000000000000000000000

FILED  
2005 AUG 25 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

105-84712  
K

Tuesday, August 23, 2005

Florida Dept. of State  
409 E. Gaines St.  
Tallahassee, FL 32399

To whom it may concern:

Enclosed is the check and the LLC paperwork. My address is 1295 Pima Point, Oviedo, FL 32765.  
The phone number is 407-971-3935. Email [mariealers@bellsouth.net](mailto:mariealers@bellsouth.net). Thank you.

Sincerely,

*M. Alers*

Marie Alers

2005 AUG 25 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A & M INVESTMENTS, 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:

MARIE M. ALERS  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1295 PIMA POINT  
(Address)

OVIEDO, FL 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIE M. ALERS at (407) 971-3935  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

2005 AUG 25 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A & M INVESTMENTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5341 Lake Howell Road  
Winter Park FL 32792

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

MARIE M. ALERS  
Name

1295 PIMA POINT

Florida street address (P.O. Box **NOT** acceptable)

OWEEO, FL 32765  
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.*

M. Alers  
Registered Agent's Signature

**FILED**  
AUG 25 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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

MARIE M. ALERS  
1295 PIMA POINT  
OVIDO, FL 32765

MGRM

ANGEL MARTINEZ  
3474 WOODLEY PARK PLACE  
OVIDO, FL 32765

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

M. Alers

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.)

Marie Alers

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)**

2005 AUG 25 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED