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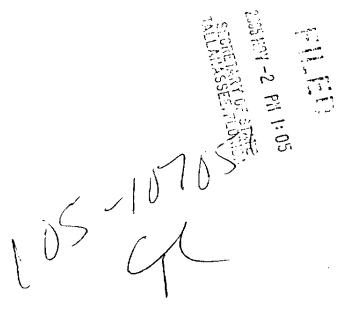
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Hymne Office

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMAZING PROMOTIONAL PRODUCTS (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:
JAMES /+AINC (Name of Person)
AMAZING PROMOTIONAL PRODUCTS (Firm/Company)
13843 154 PL NORTH (Address) Jupiter, Fl 33428 (City/State and Zip Code)
Jupiter, Fl 33478 (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES HAIRE at (561) 228-1634 (Name of Person) at (561) 228-1634 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status} \text{\$Certified Copy (additional copy is enclosed)} \$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mailing Address:

AMAZING PROMOTIONAL PRODUCTS L.C. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

(The Limited Liability Company cannot serve as its own Registered Agent. You must des business entity with an active Florida registration.)	ignate an individual or another
The name and the Florida street address of the registered agent are:	
JAMES HAIRE Name	
13843 154 TH PLACE NORTH Florida street address (P.O. Box NOT ac	centable)
JUPITER FL 33478 City, State, and Zip	
Having been named as registered agent and to accept service of pro- liability company at the place designated in this certificate, I here registered agent and agree to act in this capacity. I further agree to statutes relating to the proper and complete performance of my dut accept the obligations of my position as registered agent as provi	by accept the appointment as comply with the provisions of all ies, and I am familiar with and
Registered Agent's Signature (REQUIRED)	-2 PH I: C
(CONTINUED)	LEFECTIVE DATES

Page 1 of 2

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
mGR		CAROLE A. HAIRE 13843 154TH PLACE NOR: JUPITER FL 33478	TH
m6RM		JAMES HAIRE 13843 154TH PLACE, NOR: JUPITER SEL 33478	
			
			
(Use attachmer	nt if necessary)		
(Use attachment of the CLE V: Effective data is	e date, if other than the	he date of filing: <u>01-02-06</u> .(0)	PTIONAL)
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CLE V: Effectiv	e date, if other than the listed, the date must date of filing.)	he date of filing: <u>O/- O 2 - O (</u> . (O) be specific and cannot be more than five busi	PTIONAL) ness days p
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CLE V: Effective effective date is left of the days after the	re date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five busing the best of a member. Section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	PTIONAL) ness days p

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)