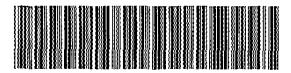
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
SURJECT: A&M S	Skate Concessions	LLC	
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Aaron H.	Hedhera		
Adion in.		Name of Person)	
A&M Skat	te Concessions L	I.C.	
	<del></del>	Firm/Company)	
3149 Fes	stival Dr.		
<del> </del>		(Address)	
Margete,	FI 33063		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Aaron H. Hedb	erg	<sub>st.</sub> 954 326-85	71
	of Person)	at (954) 326-85 (Area Code & Daytime To	elephone Number)
Enclosed is a check for	r 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the word	cessions LLC s "Limited Liability Company, "Lic	nited Company" or their abbreviation "LLC," o	r"L.C.,")
ARTICLE II - Ad	ldress:		
The mailing address	ss and street address of the	principal office of the Limited Liab	ility Company is:
Principal Office A	Address:	Mailing Address:	
3149 Festival Dr.		3149 Festival Dr.	
Margate, Fl 33063		Margate, Fl 33063	
·	active Florida registration.)		
The name and the	Florida street address of the Aaron H. Hedberg Nam		O6 JAH 13
The name and the	Aaron H. Hedberg Nam 3149 Festival Dr.	ne	OF JAH 13 P
The name and the	Aaron H. Hedberg Nam 3149 Festival Dr. Florida street 8	ne address (P.O. Box <u>NOT</u> acceptable)	T = 1
The name and the	Aaron H. Hedberg Nam 3149 Festival Dr.	nddress (P.O. Box <u>NOT</u> acceptable) FL 33063	* * * * * * * * * * * * * * * * * * * *

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:
"MGR" = Mar $"MGRM" = M$	nager Ianaging Member	
•		
"MGR"		Aaron H. Hedberg
		3149 Festival Dr.
		Margate, FI 33063
	<del></del>	
	<del></del>	
(Use attachme	nt if necessary)	
N TO N TOPE	3.a. to M 8 11	- data a CENTRAL (OPPERANT
TE V: Ellective date is	te date, if other than the listed, the date must b	e date of filing: (OPTION/ be specific and cannot be more than five business day
	date of filing.)	
REQUIRED :	SIGNATURE:	
	1 114	
	flow fills	
	Signature of a member	er or an authorized representative of a member.
	(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee