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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	7
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SECRETARY OF STATE

Office Use Only

Jen

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: AS	Shman, LLC (Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	···	ard Ashurian	,
	U	Name of Person)	
		Ashman	
	(Firm/Company)	
	1356	Beach Blvd.	
		(Address)	
	Jacksonville Be	each, Florida 32	250
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Edward A	Ashurian	at (904) 242 90	00 Ext. 231
(Name	e of Person)	at (904) 242 90 (Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DIMIGIA DI LA N		
ARTICLE I - Name: The name of the Limited Liability Company	is:	
The name of the Elimical Elasmy Company		
Ashman, LLC		
Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC,"	or "L.C.,")
	·	•
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
1356 Beach Blvd.	1356 Beach Blvd.	
Jacksonville Beach, FL 32250	Jacksonville Beach, FL 32250	
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of th	e registered agent are:	
Edward A	Ashurian	
Na	me	
1356 Bea	ach Blvd.	
	address (P.O. Box NOT acceptable)	
Jacksonville Bead	ch. er 32250	
	te, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate. Thereby accept the city. I further agree to comply with performance of my duties, and I am	e appointment as the provisions of all familiar with and
Registered Agent's Sig		O6 JUN 16 AM SECRETARY OF
(CONT Page 1	INUED) of2	* 1
1 age 1	V. 2	9: 23 STATE LORIDA

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:
MGRM		Edward Ashurian
		3982 Alhambra Dr. West
	·	Jacksonville, FL 32207
MGRM_		Roya Ashurian
	- 	3982 Alhambra Dr. West
		Jacksonville, FL 32207
-		
LE V: Effective date is	nt if necessary) we date, if other than the listed, the date must le date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date is days after the	ve date, if other than the listed, the date must l	e date of filing: (OPTION be specific and cannot be more than five business dates
LE V: Effective date is days after the	ve date, if other than the listed, the date must lade date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than specific and cannot be more than five business date of the specific and cannot be more than specific and ca
LE V: Effective date is days after the	ve date, if other than the listed, the date must led date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business depends of an authorized representative of a member.
LE V: Effective date is days after the	ve date, if other than the listed, the date must le date of filing.) SIGNATURE: Signature of a member (In accordance with se	per or an authorized epresentative of a member. ection 608.408(3), Florida Statutes, the execution stitutes 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)

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