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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE



Writer's Direct Line: (614) 628-0802 Writer's E-Mail Address: mxc@cpmlaw.com

July 6, 2006

FEDEX STANDARD OVERNIGHT

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: American Equity Advisory Group,

LLC

Dear Division of Corporations:

Please find the enclosed cover letter and "Articles of Organization for Florida Limited Liability Company" for American Equity Advisory Group, LLC. Check number 12540 in the amount of \$125.00 is included.

Very truly yours,

CARLILE PATCHEN & MURPHY LLP

Whelle Carrion

Michelle Carrion

Paralegal

COVER LETTER

Division of Corp				
SUBJECT: Americ	an Equity Advisory	Group, LLC		
	(Name of Limite	d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ndence concerning this matte	er to the following:		
David A. O				
	(Name of Person)		
Carlile Pate	chen & Murphy L	LP		0
	(Firm/Company)		
366 East I	Broad Street			06 JUL -7 PM 12: 08
-		(Address)		- PSEE
Columbus	, Ohio 43215			FL S
	(City	State and Zip Code)		一器 8
For further information co	oncerning this matter, please	call:		P
David A. Onega		at (614) 628-487 (Area Code & Daytime To	76	
(Name o	f Person)	(Area Code & Daytime To	elephone 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 F Certificate of Status Certified Copy (additional copy is enclo	&
	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	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
American Equity Advisory Group, LLC	
(Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1611 Summerland Avenue	Same Fig
Winter Park, Florida 32789	
<u> </u>	tered Office, & Registered Agent's Signature:
business entity with an active Florida registration.) The name and the Florida street address of Charles D. Oliver	A
1611 Summerland	Avenue
	eet address (P.O. Box NOT acceptable)
Winter Park	FL 32789
City, S	State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGR	Charles D. Oliver 1611 Summerland Avenue Winter Park, Florida 32789	
		•	06 JUL -7 PH 12: 08
	(Use attachment if necessary)		A 12: 08 FLORIDA
(If an ef	LE V: Effective date, if other than the dat ffective date is listed, the date must be specified days after the date of filing.)	e of filing: (Ol pecific and cannot be more than five busing	PTIONAL) ness days prior
	REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.	
	(In accordance with section of this document constitute that the facts stated herei	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	
	Charles D. Oliver 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)