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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Corporate Asset Management, 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:	
Gary Giddens	
(Name of Person)	-1.
(Firm/Company)	
4300 S US Hwy #1, Suite 203-213	
(Address)	, - - -
Junitor El 22477	
Jupiter. FL 33477 (Cîty/State and Zip Code)	
For further information concerning this matter, please call:	
का 🖒 📆	
Gary Giddens at (702) 250-4997 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Bisson Filing Fee & Since Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	īs:
Corporate Asset Management, 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 Liability Company is:
Principal Office Address:	Mailing Address:
4300 S US Hwy #1, Suite 203-213	4300 S US Hwy #1, Suite 203-213
Jupiter. FL 33477	Jupiter, FL 33477
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
Nar	me Sm 3
4300 S US Hwy #1, Suite	e 203-213
~ · · · · · · · · · · · · · · · · · · ·	address (P.O. Box NOT acceptable)
Jupiter.	ы. 33477
	e, and Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(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:

MGRM	Gary Giddens	
	4300 S US Hwy #1, Suite 203-213	المراجعة المراجعة
	Jupiter. FL 33477	
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(Use attachment if necessary)	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ne date of filing: 08/01/06 . (OP 1997) be specific and cannot be more than five business d	IAL) ays prior
days after the date of filing.)		

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.)

Gary Giddens

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)