

106000075731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

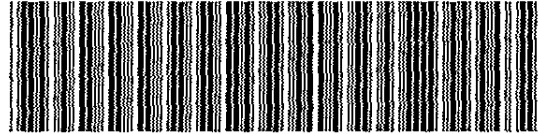
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100077011611

07/10/06--01038--021 \*\*155.00

FILED

2006 JUL 31 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

106-75731  
AL

EXPIRATION DATE

7-27-06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2006

ANA CORREA  
588 NORTH UNIVERSITY DRIVE  
PLANTATION, FL 33324

SUBJECT: AMC/MC - ST ANDREWS LLC  
Ref. Number: W06000030670

We have received your document for AMC/MC - ST ANDREWS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 10, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 706A00044605

2006 JUL 31 AM 9:24  
SECRETARY  
TALLAHASSEE, FL  
ST

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMC/MC - St Andrews 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:

Ana M. Correa  
(Name of Person)

AMC/MC - St Andrews LLC  
(Firm/Company)

588 North University Drive  
(Address)

Plantation, FL 33324  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana M. Correa at ( 954 ) 253-5111  
(Name of Person) (Area Code & Daytime Telephone 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 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2006 JUL 31 AM 9:34  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

AMC/MC - St Andrews 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:

7940 Nob Hill Road #4-304

Tamarac, FL

#### Mailing Address:

588 North University Drive

Plantation, FL 33324

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ana M. Correa

Name

588 North University Drive

Florida street address (P.O. Box **NOT** acceptable)

Plantation, FL 33324

FL

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE  
7-27-06

FILED  
26 JUL 31 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Ana M. Correa

588 North University Drive

Plantation, FL 33324

MGRM

Maysel Correa

151 NE 16 AVE Unit 270

Ft Lauderdale, FL 33301

2006 JUL 31 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/27/06 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

Ana M. Correa

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)