L06000087377

(Requestor's Name)	_
(Address)	
(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:	
1/	



200078988262

06 SEP -6 PH 2: 5: SEUKLIANT LE STAI SALL AHASSEELFLORI

i m

09/06/06--01013--026 **155.00

SUFFICIENCY OF FILING

DEPARTMENT OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Amelo Malty and Holdings,	LCC RESTORATION OF THE PROPERTY OF THE PROPERT
	Art of Inc. File LTD Partnership File Eoreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Land line	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION OF

OSER SALES AND SON AMADOR REALTY AND HOLDINGS, LLC The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that he is filing these Articles of Organization for the purpose of organizing a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further

> ARTICLE I NAME

Limited Liability Company.

declares that the following Articles of Organization shall serve as the Charter and authority for the conduct of business of the

The name of the Limited Liability Company to be formed hereunder is AMADOR REALTY AND HOLDINGS, LLC.

ARTICLE II MAILING ADDRESS AND STREET ADDRESS

The street address of the principal office of the Limited Liability Company is 930 Hobson Street, Longwood, Florida 32750 and the mailing address of the principal office of the Limited Liability Company is 930 Hobson Street, Longwood, Florida 32750.

ARTICLE III REGISTERED OFFICE AND REGISTERED AGENT

The street address of the principal office of the Limited Liability Company is 930 Hobson Street, Longwood, Florida 32750; and the name of its initial registered agent is Ileana Amador.

ARTICLE IV PURPOSES AND POWERS

The Limited Liability Company may engage in any activity or business permitted by the laws of the State of Florida.

ARTICLE V MANAGEMENT

This Limited Liability Company shall be managed by its manager(s) with the exact number to be determined by the member(s).

The initial manager/managing member of the Limited Liability Company shall be the following:

Title

Name and Address

MGRM

Ileana Amador 930 Hobson Street Longwood, Florida 32750

ARTICLE VI DURATION

This Limited Liability Company shall commence its existence immediately upon the filing of these Articles of Organization and shall exist, perpetually thereafter unless sooner dissolved according to law or as provided in the regulations adopted by the members.

Executed by the undersigned on September, 2006.

-945) ____ day o:

ILEANA AMADOR

this

Member

STATE	AO.	FLORIDA
~	- U	T BOLLTON

: 88

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this day of September, 2006, by Ileana Amador, who is personally known to me or has provided as identification and who did take an oath and executed the foregoing Articles of Organization for the purposes therein set forth.

My commissions expires:

Jan 26 2007

SAMUEL AROCHO
Notary Public, State of Florida
My comm. expires Jan. 26, 2007
No. DD180018

NOTARY PUBLIC

Name: Samuel Arx 40 State of Florida at Large

ACCEPTANCE BY REGISTERED AGENT

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, Florida Statutes.

Executed this 5th day of September, 2006.

ILEANA AMADOR Registered Agent