BFP00100010

(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:		
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SECRETARY OF STATE
ALL AHASSEE, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AMELICAN GOAT G CANVAS, 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:				
5 andra L. Wade (Name of Person)				
American Edat & Convar				
338 Share Dr.				
(Address)				
Ellenton, FL 34222				
(City/State and Zip Code)				
For further information concerning this matter, please call;				
Savara L. Wade 11, 941, 721-7338				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S125.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)				

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tollahassee, FL 32314

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Com	pany is:	
American East 9 (Must end with the words "Limited Liability Compa	ny, "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 Lia	ability Company is:
Principal Office Address:	Mailing Address:	
33 & Shore Dr. Ellenton, FL 34222	= 338 Shore Dr Ellenton, FL	4222
ARTICLE III - Registered Agent, Re (The United Liability Company cannot serve as its or business entity with an active Florida registration.)	gistered Office, & Registered Agent's own Registered Agent. You must designate an individ	Signature:
The name and the Florida street address	of the registered agent are:	06 OCT I
33 P	Name Shope DL street address (P.O. Box <u>NOT</u> acceptable)	6 PH 12: 04 SSEE. FLORID
Ellen,	W FL 34222	12: 04 STATE LORIDA
C41,	To received terring graphs	

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)

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:
116E	Laurence T. Wade To 538 Shore Dr. Ellenton, F134222
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business 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 penaltics of perjury p are true.)
Typed o	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)