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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/04/06

REF. #: 000380.61001

CORP. NAME: AMOPT, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 519314 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
AMOPT, LLC,
a Florida Limited Liability Company**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I.

NAME

The name of the limited liability company is AMOPT, LLC.

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the limited liability company are
2 West Dixie Highway, Dania Beach 33004-4312.

ARTICLE III.

REGISTERED AGENT, OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the limited liability company's registered agent are as follows:

Steven F. Nickerson
2 West Dixie Highway
Dania Beach, Florida 33004-4312

Having been named as registered agent to accept service of process for the above-referenced 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 of the Florida Statutes.



Registered Agent's Signature

Date: December 4, 2006

ARTICLE IV.

MANAGERS

The limited liability company shall be managed by such number of Managers as is set forth in the company's Operating Agreement.

Executed on December 4, 2006

AMERICAN MARITIME OFFICERS PENSION PLAN

By: 

Name: Michael DiPrisco

Title: Employer Trustee

And

By: 

Name: Thomas Bethel

Title: Union Trustee

In accordance with Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Filing fees:

\$125.00 Filing fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified Copy

\$5.00 Certificate of Status