# 520000101

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DIVISION OF CORPORATION

# **COVER LETTER**

TO: Registration Se Division of Co				•
SUBJECT: A-1 Pr	omotions L.L.C.			
	(Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Heather F		# <u># 5 mc</u>	• • • • • • • • • • • • • • • • • • • •	i the company
	(	Name of Person)		
A-1 Prom	otions L.L.C			*
		(Firm/Company)		
335 Sado	lle Ridge Drive			
<del></del>		(Address)		
Davenpo	rt, Florida 33896	3		
<del> </del>		/State and Zip Code)		· •
For further information	concerning this matter, please	cail·		
Tor further anomation.	concerning this mitter, preme	wax.		
<b>Heather Perez</b>		at (404 ) 423-014	3	- um -:
(Name	of Person)	(Area Code & Daytime Tel	lephone Number)	
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center (	s	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	s:	
A-1 Promotions L.L.C		
(Must end with the words "Limited Liability Company, "Lim	nited 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	y Company is:
Principal Office Address:	Mailing Address:	
335 Saddle Ridge Drive	335 Saddle Ridge Drive	
Davenport, Fl. 33896	Davenport, Fl. 33896	
		<del></del>
ARTICLE III - Registered Agent, Registere		
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ustered Agent. You must designate an individual or	o S
The name and the Florida street address of the	registered agent are:	SECRE DIVISION (
Heather Perez		- R PAT
Nam	ıc	3-4
335 Saddle Ridge Driv	<b>1</b> 0	
		<b>=</b> 32
Florida street a	address (P.O. Box <u>NOT</u> acceptable)	- TS
Davenport, Fl. 33896	FL	¥. 3.
City State	and 7 in	

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

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

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

	Heather Perez
MGRM	335 Saddle Ridge Drive
	Davenport, Fl. 33896
/FT	
(Use attachment if necessary)	
T F V. Effective data if other f	con the data of Glina: (ODTIONIAL)
Sective data is listed the data	nan the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days pr
days after the date of filing.)	aust be specific and cannot be more man five business days pr
· and a mison time and on immigry	
o any states the time of mings	

(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.)

Heather Perez

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)