

L08000025839

(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



500113603565

03/13/08--01002--002 **55.00

02/19/08--01008--006 **70.00

Effective Date 03/07/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 11 PM 2:59

W08-9701
FEB 25 2008

J. BRYAN

MAR 12 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2008

ANDREA PHILLIPS
10892 APPLE BLOSSOM TRAIL EAST
JACKSONVILLE, FL 32218

SUBJECT: AMP TRADING L.L.C.
Ref. Number: W08000009701

We have received your document for AMP TRADING L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 908A00011572

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMP Trading L.L.C.
(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:

Andrea Phillips
(Name of Person)
AMP Trading L.L.C.
(Firm/Company)
10892 Apple Blossom Trail E.
(Address)
Jacksonville Fl. 32218
(City/State and Zip Code)

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For further information concerning this matter, please call:

Andrea Phillips at (904) 566-6414
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMP Trading L.L.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10892 Apple Blossom Trail E.
Jacksonville FL 32218

10892 Apple Blossom Trail E.
Jacksonville FL 32218

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:

Effective Date 03/07/08

Andrea Phillips
Name

10892 Apple Blossom Trail E.
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32218
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..

A. Phillips
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

Andrea Phillips
10892 Apple Blossom Trail E.
Jacksonville FL 32218

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/7/08 (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:

A. Phillips
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.)

Andrea Phillips
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)