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Effective Date 04/04/08

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR 1 1 2008

EXAMINER

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	Amelia Estates, 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:	
Way	ne M. Richards, Esquire	
	(Name of Person)	
Law	Firm of Wayne M. Richards, P.A.	
	(Firm/Company)	
200	1 Broadway, Ste. 101	
	(Address)	
Rivi	era Beach, Florida 33404	
	(City/State and Zip Code)	
For further in	formation concerning this matter, please call:	
Mayna M	4 Dicharda Esquiro 561 841-4520	
vvayrie i	M. Richards, Esquire at (561) 841-4529 (Area Code & Daytime Telephone Number)	
Exclosed is a	a check for the following amount:	
∇ \$125.00 Fil	ing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

Effective Date 04/04/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MICLES OF ORGANIZATION FOR FI	
ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Entired Blacking Company is	
Amelia Estates, LLC.	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
685 Main Street	same
Belle Glade, Florida 33430	
The name and the Florida street address of the Wayne M. Richards Name	, Esquire
2001 Broadway, Ste	e. 101
Florida street ad	dress (P.O. Box NOT acceptable)
Riviera Beach, Flori	
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacitatives relating to the proper and completed p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ature (REOUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE BIVISION OF CORPORATIONS

08 APR 10 AMIN: 28

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	Name and Address:
"MGRM" = Managing Member	
MGRM	James T. Houston, III
	685 Main Street
	Belle Glade, Florida 33430
Member	James T. Houston, Jr.
	685 Main Street
	Belle Glade, Florida 33430
	
	1 1
(Use attachment if necessary)	1//
CLE V: Effective date, if other than the	ne date of filing: $4/4/08$ (OPTIONAL)
	be specific and cannot be more than five business days p
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
() Sleet 1. ()	/ N/ Winh
Signature of a mem	ber or an authorized representative of a member.

Wayne M. Richards, Esquire

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

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