

L08000073826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

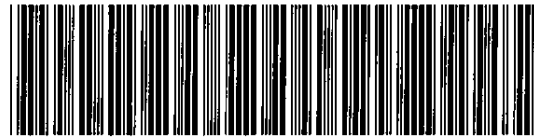
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 JUL 31 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
08 JUL 31 PM 4:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

AUG - 1 2008

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 07-31-2008

REF. #: 001375.90201

CORP. NAME: AM OKEECHOBEE LLC

FILED
08 JUL 31 AM 9:45
STATE OF FLORIDA
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# 527005 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <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
AM OKEECHOBEE LLC

ARTICLE I. The name of the Limited Liability Company is:

AM Okeechobee LLC, a Florida Limited Liability Company

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

Principal Office Address:

Mailing Address:

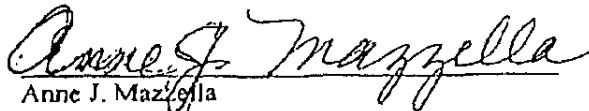
1012 Grand Court
Highland Beach, FL 33487

9 Charles Street, Suite B
New York, NY 10014
Att: John Walsh

ARTICLE III -- Registered Agent, Registered Office & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Anne J. Mazzella
1012 Grand Court
Highland Beach, FL 33487

Having been named as registered agent and to accept service of process for the above 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.


Anne J. Mazzella
Registered Agent

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member
THOMAS F. CARNEY, JR.

(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.)

Thomas F. Carney, Jr., C/O Carney Legal Group, P.A.
901 George Bush Boulevard
Delray Beach, FL 33483

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08 JUL 31 AM 9:45
TALLAHASSEE, FLORIDA