

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000074480 3)))



H090000744803ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADORNO & YOSE, PA

Account Number : 072100000120 Phone : (305)860-7098

Fax Number : (305)460-1422

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Asset Management Holdings II, LLC.

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$130.00

S. HAWKES

MAR 3 1 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

To:

Fax:

18506176383

Date:

Tue, 31 Mar 2009 09:47:03 -

0400

From:

Omar Figueras

of Pages:

4

Ref#:

Comments:

Adorno & Yoss LLP 2525 Ponce de Leon Boulevard Suite 400 Miami, Florida 33134

(305) 460-1000

All the pages which constitute this facsimile transmission contain information which is confidential and covered by attorney-client privilege. The information is intended solely for the use of the person to whom it is addressed or directed. If the reader of this notice is not listed above, or if the reader is not an employee or agent responsible for delivering the facsimile transmission to the addressee, then you are hereby notified that any dissemination, distribution or reproduction of any or all of these pages is strictly prohibited. If you have received this facsimile transmission in error please notify us immediately by telephone collect at (305) 460-1000 and return the original facsimile transmission to us at Adorno & Yoss LLP 252 Ponce de Leon Bivd. Suite 400, Mismi, Florida 33134 via the U. S. Postal Service. We will reimburse you for the postage. Thank you.

H09000074480 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Asset	Manad	gement	Holdings	۱I.	LLC
-------	-------	--------	----------	-----	-----

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1000 Tamiami Trail North	1000 Tamiami Trali North
Second Floor	Second Floor
Nokomis, FL 34275	Nakomie, FL 34275
	_

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:

Jesse M. Keenan, Esq. / Adorno & Yoss, LLP.

2525 Ponce de Leon Boulevard, Fourth Floor

Florida street address (P.O. Box <u>NOT</u> acceptable)

Mlami, FL 33134 FT

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..

Registered Agent's Signature (REOUIRED)

Н09000074480 3

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Asset Management Holdings, LLC.
	1000 Tamlami Trail North, Second Floor
	Nokomis, FL 34275
	=1
	<u> </u>
	က် မောင်းမှာ မောင်မှာ မောင်းမှာ မော
	The same
(Use attachment if necessary)	
•	
	he date of filing: (OPTIONA
	t be specific and cannot be more than five business days
days after the date of filing.)	
REQUIRED SIGNATURE:	
	,
-	
	iber or an authorized representative of a member,

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)

Jesse M. Keenan, Esq. Typed or printed name of signee