

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AFT07, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

JUL 3 0 2009

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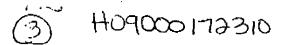
Corporate Filing Menu

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe EMPIRE CORP KIT **L∀CE** 01\03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na					
The name of the L	imited Liability Compar	n y 19:			
	AFTO	7, LLC			
⟨M:	ust end with the words "Limited	Litbility Company," "L.L.C.," or "ILC.")			
ARTICLE II - Ad The mailing address	*	he principal office of the Limited l	Liability Company is:		
Principal Office A	<u>ddress:</u>	Mailing Address:			
8005 NW 90 STE MEDLEY, FLORI		SAME			
ARTICLE MI - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company somest serve as its own Registered Agent. You must designate an individual or species; business entity with an ective Florida registration.) ABE NG Name 8005 NW 90 STREET Florida street address (F.O. Box NOT acceptable) MIAMI 33:180 FL 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 (REQUIRED)					
	Regionard Agent's S	Signature (REQUIRED)			

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Page Lof 2

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" = Mana "MGRM" = Ma		Name and Address:	
MGRM		ABE NG 8005 NW 90 STREET MEDI FY, ELORIDA 33186	09 1
			09 JUL 29 AM
			8: 28
(Use attachment	date, if other than the da	te of filing;(OPTIONAL)
(If an effective date is list to or 90 days after the days		pecific and cannot be more than five but	siness days prior
REQUIRED SI	GNATURE:		
	(In accordance with section	r an authorized representative of a member. n 608,408(3), Florida Statutes, the execution tes an affirmation under the penalties of parjury are true.)	
Pillog Fees		ABE NG or printed name of signes	
of Regi \$ 30.00 Certifit	fee for Articles of Organiza stered Ayent of Copy (Optional) sate of Status (Optional)	ation and Designation	

Page 2 of 2

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