

L09000103024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. HAWKES

OCT 26 2009

EXAMINER

S. HAWKES

OCT 16 2009

EXAMINER

2009-44214



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2009

DONIA A ROBERTS, ESQ
1100 N MAIN STREET SUITE C
BELLE GLADE, FL 33430

SUBJECT: A & M ENTERPRISES OF BELLE GLADE, LLC
Ref. Number: W09000046214

We have received your document for A & M ENTERPRISES OF BELLE GLADE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 409A00033202

DONIA A. ROBERTS, P.A.
ATTORNEY AT LAW

1100 NORTH MAIN STREET * SUITE C
BELLE GLADE, FLORIDA 33430

(561) 993-0990
FACSIMILE (561) 993-9020

12400-C SOUTHSORE BLVD.
WELLINGTON, FLORIDA 33414

(561) 793-3557
FACSIMILE (561) 793-9780

October 13, 2009

Registration Section
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

Re: New Limited Liability Company

Dear Sir or Madam:

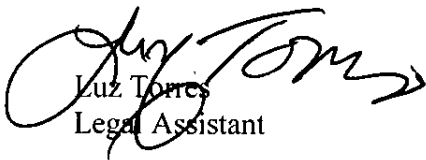
Enclosed please find the following in reference to the above listed corporations:

- 1.) Articles of Organization for A & M Enterprise of Belle Glade, LLC;

Also, please find check #1150 in the amount of \$130.00 for the filing fee and certificate of status for the above corporation.

Thank you for your assistance in this matter and should you have any questions or concerns, do not hesitate to contact me.

Very truly yours,


Luz Torres
Legal Assistant

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & M Enterprises of Belle Glade, 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:

Donia A. Roberts, Esquire

Name of Person

Donia A. Roberts, P.A.

Firm/Company

1100 N. MAIN STREET, SUITE C

Address

Belle Glade, Florida 33430

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Atef A. Ali

Name of Person

at (561) 985-0444

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:

A & M Enterprises of Belle Glade, 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:

245 SW 6th Street
Belle Glade, Florida 33430

Mailing Address:

610 NE Avenue B
Belle Glade, Florida 33430

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:

Mufid Asalien

Name

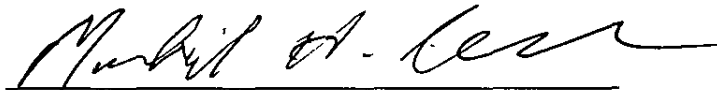
610 NE Avenue B

Florida street address (P.O. Box **NOT** acceptable)

Belle Glade, Florida 33430

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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Name and Address:

MGR, MGRM

Atef A. Ali

610 NE Avenue B

Belle Glade, Florida 33430

MGR

Mufid Asalien

245 SW 6th Street

Belle Glade, Florida 33430

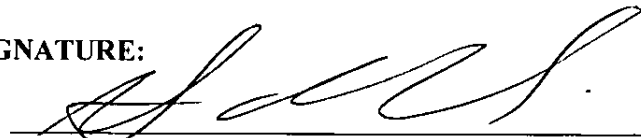
(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.)

Atef A. Ali

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)