L10000007562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6

Office Use Only

Daniel Congdon CAME
AUTHORIZATION BY PHONE TO
CORRECT eff date to be 01/01/10
DATE 01/22/10 @ 3:51 pm
DOC. EXAM

200163969782

01/04/10--01059--015 **910.00

FILED
10 JAN -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11324
J. BRYAN JAN -5 2009

JJ BRYAN
JAN 22 2009
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: A. Master, 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:

Daniel Congdon
Name of Person

A. Master, LLC
Firm/Company

1826 Woody Dr.
Address

Windermere, FL 34786
City/State and Zip Code

danc_1@bellsouth.net
E-mail address: (to be used for future annual report notification)

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10 JAN -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Daniel Congdon at (407) 445-6004
Name of Person 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2010

FILED
10 JAN -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DANIEL CONGDON
A. MASTER, LLC
1826 WOODY DR.
WINDERMERE, FL 34786

SUBJECT: A. MASTER, LLC
Ref. Number: W10000000324

We have received your document for A. MASTER, LLC and your check(s) totaling $910.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P04000093984, A. MASTER, CORP..

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 610A00000238

January 19, 2010

Letters #310A00000247 and #610A00000238

Florida Department of State
Division of Corporations
POB 6327
Tallahassee, Florida
32314

Attention: JOEY BRYAN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. MASTER LLC and G. MASTER LLC NAME CHANGES

Per your above-referenced letters, we will change these names, as follows:

A. Master LLC to **"AA MASTER, LLC"**;

G. Master LLC to "**GG MASTER, LLC**".

Thank you for your assistance.

Daniel Congdon

Enclosures (6)

1826 WOODY DRIVE
WINDERMERE, FL
34786

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AA MASTER, LLC
~~A A. Master, 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:**
1826 Woody Dr. Windermere, FL 34786	1826 Woody Dr. Windermere, FL 34786

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TALLAHASSEE, FLORIDA

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:

Daniel Congdon
Name

1826 Woody Dr.
Florida street address (P.O. Box **NOT** acceptable)

Windermere, FL 34786 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..

Daniel Congdon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Daniel Congdon 1826 Woody Dr. Windermere, FL 34786

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/10 ~~12/29/09~~. (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:

Daniel Congdon
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.)

Daniel Congdon
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)