4100000SOS34

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ĺ
,		

Office Use Only



400180538724

05/10/18--01043 -017 **125.00

2010 MAY 10 PM 1: 23
SECRETARY OF STATE
ANASSEE, FLORIDA

T. CLINE.

MAY 11 2010

EXAMINER

COVER LETTER

	ion of Corporations
SUBJECT:	American Message Group, LLC
Sobster	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	MICHAEL J. BURWICK
	Name of Person
	American Message Group, LLC
	Firm/Company
	PO Box 957
	Address
	Address HYANNIS MA 02601. City/State and Zip Code Michael & american Message group. Com E-mail address: (to be used for future annual report notification) Dormation concerning this matter, please call: L BURNICK at 617 459 3678
	City/State and Zip Code
	michael & american message group. Com =
Ear farther inf	armetion concerning this matter places call:
. i	ormation concerning this matter, please call:
MICHAS	L BURNICK at 617, 459 3678 3 23
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
⊠ \$125.00 Fili	ng Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
42 Bay SHORE ROAD	90 Box 957
Hypunis, MA 02601	Hyannis, MA 02601 PSE
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Richald K. 1015 W. Inc. Florida s	istered Office, & Registered Agent's Signature? wn Registered Agent. You must designate an individual Granother- of the registered agent are: Sinkaran Esquire Name Suit bl- A street address (P.O. Box NOT acceptable) FL 33458 City, State, and Zip
liability company at the place designate registered agent and agree to act in this a statutes relating to the proper and comp	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Man	10.00×	Name and Address:
	lanaging Member	
MGR		MICHAGE J BURWICK
		MICHAGL J BURWICK PO BOX 957 HYANNIS, MA 02601
		HYANNIS, MA 02601
	<u></u>	
		> 2
		TAR)
		TO
(Use attachmen	nt if necessary)	ORIO DRIO DRIO
LE V: Effective	ve date, if other than th	e date of filing: (OPTIC
LE V: Effective date is	ve date, if other than th	the date of filing: (OPTIC be specific and cannot be more than five business
LE V: Effective fective date is days after the	ve date, if other than th	
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE:	
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE:	be specific and cannot be more than five business
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a memily of this document contact the facts stated here.	be specific and cannot be more than five business ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
LE V: Effective frective date is days after the	Signature of a memilisted with a date of filing.) Signature of a memilisted of this document contract the facts stated here.	be specific and cannot be more than five business ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)