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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

JUN 18 2010

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Amron Properties, Limited Liability Company 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: Wayne Evers Name of Person Amron Properties, LLC Firm/Company 1255 Plata Canada Drive Address Cantonment, Florida 32533 City/State and Zip Code waynekevers@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 255-4449 Wayne Evers Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee **△**\$130.00 Filing Fee & ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Taliahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Com	npany is:		
Amron Proper	ties, LLC.			
(	Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - A	Address:			
		of the principal office of the Limited Liability	Company	is:
Principal Office	Address:	Mailing Address:		
1255 Plata Canada D	Prive	1255 Plata Canada Drive	2010	
Cantonment, Florida 3	2533	Cantonment, Florida 32533		• ****
<del></del>		<u> </u>	CRETAR'	Afores :
The Limited Liability business entity with a	Company cannot serve as its in active Florida registration.)	egistered Office, & Registered Agent's Signation own Registered Agent. You must designate an individual or at so of the registered agent are:	f <u>ů</u> re: _	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Wayne Evers			
		Name		
	1255 Plata Canad	da Drive		
	Florida	street address (P.O. Box NOT acceptable)		
	Cantonment	FL 32533		
		City, State, and Zip		
Having been na	med as registered agen	at and to accept service of process for the above s	tated limit	ed

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)
Page 1 of 2

# **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

MGR	Chaven France	
WIGIT	Steven Evers	
	1255 Plata Canada Drive	
	Cantonment, FI 32533	
MGRM	Wayne Evers	
	1255 Plata Canada Drive	
	Cantonment, FI 32533	
MGRM	Ryan Evers	
	1255 Plata Canada Drive	
	Cantonment, FI 32533Ju	
		TA'S
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		S
Use attachment if necessary)		m≺ mc -
		<u> </u>
LE V: Effective date, if other than the		(QETIOÑ
ective date is listed, the date must b	e specific and cannot be more than	five business d
days after the date of filing.)		•

Wayne Evers

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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