# L10000088762

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	<u>_</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100184519471

08/23/10--01017--022 \*\*125.00



J. BRYAN

AUG 24 2010

**EXAMINER** 

# **COVER LETTER**

-	Corporations			
SUBJECT: _AE	M, LLC			
	Name of Limit	ted Liability Compa	any	
The enclosed Article	es of Organization and fee(s) are	submitted for filing	g.	
Please return all cor	respondence concerning this mat	tter to the following	<b>;</b> :	
Ann Mey	er			
		Name of Person		
Travel H	ost - First Coast			
		Firm/Company		
8550 To	uchton			TEC # T
		Address		PO S
Jackson	ville, Florida 32216			SSE S
,		ty/State and Zip Cod	e	700 13
а	AN D-travel host fir E-mail address: (to be used	stcoast.c	: om	92 Z
	E-mail address: (to be used	for future annual rep	ort notification)	DA.
For further informat	ion concerning this matter, pleas	se call:		
Ann Meyer		_at (_904	502-4919	
	ame of Person	Area Cod	e & Daytime Telep	phone Number
Enclosed is a chec	k for the following amount:			
☑\$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	■\$155.00 Filin Certified Co (additional cop	ру	\$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	Registrat Division Clifton I 2661 Ex	courier Address tion Section of Corporations Building ecutive Center Casee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	f the principal office of the Limited Liability Compa
Principal Office Address:	Mailing Address:
Travel Host - First Coast	Travel Host - First Coast
8550 Touchton \$\ 236	8550 Touchton <b>542 256</b>
(The Limited Liability Company cannot serve as its o	Jacksonville, Florida 32216  gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual of Another
ARTICLE III - Registered Agent, Reg	Jacksonville, Florida 32216  gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual aranother
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	Jacksonville, Florida 32216  gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual aranother
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	Jacksonville, Florida 32216  gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual appointer of the registered agent are:
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address  Ann Meyer  8550 Touchton	Jacksonville, Florida 32216  gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual appointer of the registered agent are:
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address  Ann Meyer  8550 Touchton	Jacksonville, Florida 32216  gistered Office, & Registered Agent's Signature: win Registered Agent. You must designate an individual or another of the registered agent are:  Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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.

### 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 Me	Name and Address: ember
MGR	Ann Meyer  8550 Touchton Stc 236  Jacksonville, Florida 32216
	- SECOLUL
· .	SSEE P
(Use attachment if necess	ary)
CLE V: Effective date, if ot	her than the date of filing: (OPTIONAL late must be specific and cannot be more than five business days
REQUIRED SIGNATURE Signature	RE: e of a member or an authorized representative of a member.
of this do	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	Ann Nucl.  Typed of 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)