# 40000098328

(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:

L. SELLERS

SEP 2 1 2010

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration S Division of Co		·			
SUBJI	CT: Amys F	resh Delivery LLC		· .		
		Name of Limit	ted Liability Company			
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.			
Please	return ali corres <sub>i</sub>	condence concerning this mat	ter to the following:			
	Amy Hamill					
			Name of Person			
	Amys Fresh I	Delivery LLC				
	Firm/Company					
	345 Bayshore Blvd P4					
			Address			
	Tampa, FL 33606					
City/State and Zip Code						
-	amysfreshdel	iveries@gmail.com	K. K.			
			for future annual report notification)			
For fur	ther information	concerning this matter, pleas	e call:			
Amy Hamill		at (727 ) 458-4195				
Name of Person		Area Code & Daytime Telep	hone Number			
Enclos	ed is a check fo	or the following amount:				
<b>□\$</b> 125.	00 Filing Fee	△\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	ircle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	y Company is:	
Amys Fresh Delivery LLC		
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
345 Bayshore Blvd P4	345 Bayshore Blvd P4	
Tampa FL 33606	Tampa, FL 33606	<del></del>
Amy Hamill	Name To Plant D4	
345 Baysho	Florida street address (P.O. Box NOT acceptable)	
Tampa	FL 33606 City, State, and Zip	
liability company at the place registered agent and agree to act statutes relating to the proper a accept the obligations of my p	d agent and to accept service of process for the designated in this certificate, I hereby accept in this capacity. I further agree to comply with a complete performance of my duties, and I position as registered agent as provided for in ed Agent's Signature (REQUIRED)  (CONTINUED)  Page 1 of 2	the appointment as ith the provisions of all am familiar with and
	<del>-</del>	\$3

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	Amy Hamill				
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	345 Bayshore Blvd P4				
	Tampa, FL 33606				
MGRM	Sarah Hamili				
	345 Bayshore Blvd P4				
	Tampa, FL 33606				
MGRM	John Hamill				
	3061 W. 107th Place Unit C				
	Westminster, CO 80031				
MGRM	Kristen Hamili				
	3061 W. 107th Place Unit C				
	Westminster, CO 80031				
(Use attachment if necessary)  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:					
ansnemu					
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.)					
					Amy Hamill

#### 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)