# <u>100010029</u>

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	₩AIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

SEP. 24 2010

**EXAMINER** 



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SECRETARY OF STATE
TALL AHASSEF, FLORIO

# **COVER LETTER**

TÒ:	Registration S Division of Co			•
SUBJI	ECT: Amloss	LLC		, <u> </u>
		Name of Limit	ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mate	ter to the following:	
	David M. Glin	cher		
			Name of Person	
	Amloss, LLC			
			Firm/Company	
	15170 SW 33	rd Street		
			Address	
	Davie, Florida	33331		
		Cit	y/State and Zip Code	
	dmgaaa66@a		for future annual report notification)	
, ,		·		
For fur	ther information	concerning this matter, please	e call:	
David	I M. Glincher	,	at (_954)802-5215	
	Name	of Person	Area Code & Daytime Telepho	one Number
Enclos	sed 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 Circ Tallahassee, FL 32301	ele

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Amloss, LLC (Must end with the words "Limited Liabil	lity Company "LLC" or "LLC")		
ARTICLE II - Address: The mailing address and street address of the pr		ity Company	y is:
Principal Office Address:	Mailing Address:		
15170 SW 33rd Street	15170 SW 33rd Street		
Davie, Florida 33331	Davie, Florida 33331		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual	nature: or another	
Laurrie Pood	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Name		· <b>원</b>	
1641 NE 16th Avenue		O SEP 23	STREET, SE
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)	5 PM C.	77
Fort Lauderdale,	FL 33305		5
City, St	ate, and Zip	FO7	_
Having been named as registered agent and to	accept service of process for the abo this certificate. I hereby accept the ar	ve stated lim	iited is

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" = Mana		Name and Address:
"MGRM" = Ma	naging Member	
MGRM		David M. Glincher
		15170 SW 33rd Street
		Davie, Florida 33331
	<del></del>	
		- the transfer of the transfer
		<u> </u>
/TT 44 1	( ' (	•
(Use attachment	i ii necessary)	
	date, if other than the	date of filing: (OPTION
LE V: Effective		
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fective date is li days after the d	sted, the date must be late of filing.)  IGNATURE:  Signature of a member (In accordance with sec	e specific and cannot be more than five business date of a member.  tion 608,408(3), Florida Statutes, the execution
fective date is li days after the d	sted, the date must be late of filing.)  IGNATURE:  Signature of a member (In accordance with sec	r or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
fective date is li days after the d	sted, the date must be late of filing.)  IGNATURE:  Signature of a member (In accordance with sec of this document constitution)	r or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

#### 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)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Amloss, LLC		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	he principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
15170 SW 33rd Street	15170 SW 33rd Street	
Davie, Florida 33331  ARTICLE III - Registered Agent, Regis	Davie, Florida 33331 tered Office, & Registered Agent's Signature:	
ARTICLE III - Registered Agent, Regi	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its ow business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
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ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of Laurrie Pood  1641 NE 16th Avenue	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are:	1 mm
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THE COLUMN		15170 SW 33rd Street
		Davie, Florida 33331
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