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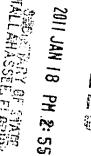
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Independent Torsing to Name of Amileo	Recovery LLC  Liability Company
The enclosed Articles of Organization and fee(s) are su	ibmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Terry	Gardy
	Name of Person
Indepar	dent twing t Pecaron ST &
5748 p	uned zloteff de
	Address Company of Com
<u>Orland</u>	© 71. 37871 State and Zip Code
· • •	state and Zip Code  ng - recovery & hot mail. Com  Mure annual report notification)
E-mail address: (to be used for	Mure annual report notification)
For further information concerning this matter, please of	call:
Terry Candy Name of Person	al ( 407 ) 373 3040 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301
The state of the s	ggrid the energy some these

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Babilion	y Company, "L.IJ.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5748 ARNOW Zlotoff OR GRlando 71 32821	5748 ARHOW Zlotoffda 00 P
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signatur
The name and the Florida street address of the re	gistered agent are:
Teny Co	andy
Florida street addi	ess (P.O. Box <u>NOT</u> acceptable)
City, Star	FL 37871 le, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ocept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:	
"MGRM" = Managing Member		201
MGR	Neki Romero	
	7901 Rollington Rd 27	2
		<u> </u>
MGRM	William Michael Smith	_ ₹
	7463 Lw barfield ld Tillahassee, 71, 32310	
	THICKESPE, PI. 3º310	_ S
<del></del>		<u></u>
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		<u>-</u>
(Use attachment if necessary)		<del>_</del>
-	n the date of filing.	
CLE V: Effective date, if other than	n the date of filing: (OPT	
CLE V: Effective date, if other than	n the date of filing: (OPT	
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CLE V: Effective date, if other than offective date is listed, the date must days after the date of filing.)	n the date of filing: (OPT ist be specific and cannot be more than five busines	
CLE V: Effective date, if other than fective date is listed, the date mu	n the date of filing: (OPT ist be specific and cannot be more than five business	
CLE V: Effective date, if other than offective date is listed, the date must days after the date of filing.)	n the date of filing: (OPT ist be specific and cannot be more than five business	
CLE V: Effective date, if other than ffective date is listed, the date mud days after the date of filing.)  REQUIRED SIGNATURE:	ist be specific and cannot be more than five busines	
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:	ember of an authorized representative of a member.	
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation of the constitutes are affirmation of the constitutes an affirmation of the constitutes are affi	ember or an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution of this document under the penaltics of perjury that the facts stated herein are tr	s days
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation of 1 am aware that any false in	ember of an authorized representative of a member.	s days

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)