11000052494

(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:			

Office Use Only

G. MCLEOD

MAY - 4 2011

EXAMINER



700206971017

700206971017 05/02/11--01059--019 **160.00

11 MAY -2 PM 2: 04
SECRETARY OF STATE
FALL SHASSEE, FLORID.

COVER LETTER

Registration Section

Division of Corporations			
SUBJECT: A.T	22 ASSOCIATES, h.	11	
Subject	Name of Limite	d Liability Company	
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
Anne	R E. PATTERSON		
_ <i>EKIND</i>	K C. INTERCON	Name of Person	
		Firm/Company	
		·	
440 3	SW 55 AVE.	Address	
PLANT	MONI FL		
	City City City Carthur Obellie Family address to be used to	//State and Zip Code	
Patters	E-mail address. (10 be used to	or future annual report notification)	
For further informati	on concerning this matter, please	call:	
ARTHUR E. PA	TO Oben /	at (254) /49-9/	126
	me of Person	at (<u>954</u>) <u>649-9</u> Area Code & Daytime Tele	ephone Number
Enclosed is a check	k for the following amount:		S
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ds "Limited Liability Company, "L.L.C.," or "LLC.")
lress of the principal office of the Limited Liability Compa
Mailing Address:
440 6W 55 AVE.
440 6W 55 AVE. PLANTATION, FL. 33317
tt, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) Idress of the registered agent are:

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)

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 Member	Name and Address:
MGRM	ARTHUR E. PATTERSON 440 SW 66 AVE. PLANTATION, FL. 33317
MGRM	THOMAS A. BRAGG 7298 TAMARISK DR FORT COLLINS, CO. 80528
MGRM	JACOB P. BRAGG 1148 KOSS ST. ERIE, CO. 80516
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s) to or 90 days after the date of filing.)	te of filing: <u>MAY 1, 2011</u> . (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	r an authorized representative of a member. 8(3), Florida Statutes, the execution of this document

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a \$1.7.155. E.S.)

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or 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)