Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634~3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:					
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FLORIDA LIMITED LIABILITY CO. ASSET MANAGEMENT PROPERTY MANAGEMENT, LLC

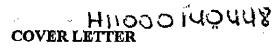
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EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help





TO: Registration Section
Division of Corporations

SUBJECT: Asset Management Property Management, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>Max M.</u> Hagen	
	Name of Person
Hagen & Hagen, P.A.	
	Firm/Company
3531 Griffin Rd.	
	Address
Ft. Lauderdale, FL 33312	
C	ity/State and Zip Code
mhagen@hagenlawfirm.com	
E-mail address: (to be used	for future annual report ootification)
For further information concerning this matter, plea-	sć call;
Max M. Hagen	at (954) 987-0515
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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, PL 32301

RNDODIOOUH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Asset Management Property Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
11760 W. Sample Rd	11760 W. Sample Rd #104
Coral Springs, FL 33065	Coral Springs, FL 33065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business ontity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Max M. Hagen

3531 Griffin Rd

Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale FJ. 33065

City, State, and Zip

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)

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

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

2011 HAY 26 AM (8) 50

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Richard D. Abraham

11760 W. Sample Rd #104

Coral Springs, FL 33065

MGRM
Josep Pelayo
11760 W. Sample Rd #104
Coral Springs, FL 93085

(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:

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 paneltles 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 felony as provided for in s.817.155, F.S.)

Richard D. Abraham

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)

Page 2 of 2

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