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D. BRUCE
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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations Associated Marketing and resources L.L.C. 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: Antonio Ferrao Jr. Name of Person Firm/Company 5855 Midnight Pass Rd. #408 Address Sarasota, Fla. 34242 City/State and Zip Code aferrao@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Antonio Ferrao Jr. Name of Person Area Code & Daytime Telephone Number ರು Enclosed is a check for the following amount: **√**\$160.00 Filing Fee, \$125.00 Filing Fee **_j**\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔR	TICI	.K. I	Ng	me

The name of the Limited Liability Company is:

Associated Marketing and Resources L.L.C.

(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:	
5855 Midnight Pass Rd. #408	5855 Midnight Pass Rd. #40)8
Sarasota,Fla. 34242	Sarasota, Fla. 34242	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address o	f the registered agent are:	# SEC
Antonio Ferrao Jr.	•	CRETAN LAHASS
***************************************	Name	TAR
5855 Midnigh	t Pass Rd. #408	SEE. F
Florida str	reet address (P.O. Box NOT acceptable)	FLOO
Sarasota	_{FL} 34242	M R 39 F STATE FLORIDA
	City, State, and Zip	A

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 (REQUIRE

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORIVI — Managing Member	
MGR	Antonio Ferrao Jr.
	5855 Midnight Pass Rd. #408
	Sarasota, Fla. 34242
	
•	data of filings (OPTIONIA)
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: (OPTIONAl
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five business days
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
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\$ 5.00 Certificate of Status (Optional)