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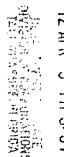
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D. BRUCE

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EXAMINER

COVER LETTER

Control Section Section Division of Corporations	
SUBJECT: AAMENN NETWORK, 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:	
Aman Kujah Anoff Name of Person	
Firm/Company	
^	
415 E-Brevard St. #6	
Tallahassee, FL 32301	-7
City/State and Zip Code	The state of the s
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	•
1 mankwah Anoff at (850, 570 8272 = 1	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
125.00 Filing Fee \$\times 130.00\$ Filing Fee \$\times Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee \$\times Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

_ ARMENN WETW	ORK, LLC
(Must end with the words "Limited Liabilit	
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:
15 E. Breward st Swife 6	Same
Tallahassee, FL 32301	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Amankwah	Anoth Es =
Name	APP
415 E Brevard	84.46 XX 3
Florida street addr	ess (P.O. Box <u>NO1</u> acceptable)
Tallahassee	FL 3230 32 3 1
City, Star	te, and Zip
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as
registered agent and agree to act in this capacity	is certificate, Thereby accept the appointment as . I further agree to comply with the provisions of al formance of my duties, and I am familiar with and
	tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each Manage	er or Managing Member is as follows:
Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member Managing Member	Amankwah Anoff
Member	Fallahassee, FL 32301
<u>rianoes</u>	P.O. Box 1060 ACCRA, Ghana
Member	Rejoice Arkoli P.O. Rox AN 11681 Accord - North, Ghang
member	Shadrack Tibboh 1.0. Box 660 Hockey Ghang
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing:
REQUIRED SIGNATURE:	ZS 75
	AH PR
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false information constitutes a third degree felon	3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. It mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
	yped or printed name of signee
Filing Fees:	

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)