# 13000007484

(Requestor's Name)  (Address)	
(Address)	900243425
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	. 01/14/13010290
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status	,
Special Instructions to Filing Officer:	EFFECTIVE DATE
	HALLAHASSEE
Office Use Only	SSEE,

JAN 1 5 2013

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UN 15 2028 B. KOHR

(850) 245-6051.

### COVER LETTER

Name of Limited Liability Company

TO:

Registration Section **Division of Corporations** 

A+M Innovations, LLC

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

Please return all correspondence concerning this matter to the following:

## **Howard Rubin**

Name of Person

### A+M Innovations, LLC

Firm/Company

2240 Date Palm Rd.

Address

Boca Raton, FL 33432

City/State and Zip Code

rubinhj@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Howard Rubin

Name of Person

Enclosed is a check for the following amount:

■\$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 Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	EFFECTIVE DATE 2)1/20
The name of the Limited Liability Company is:	4
	, 1
A LM Innoventions A L C	
A+M Innovations, LLC  (Must end with the words "Limited Liability Control of the	ty Company "LLC " or "LLC")
(Mass ella Will the Words Ellinea Elabili	is company, Education of Education
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2240 Date Palm Rd.	same .
Boca Raton, FL 33432	
The name and the Florida street address of the re	egistered agent are:
Name	THE TOTAL STREET
2240 Date Palm Rd.	SS -
	ress (P.O. Box NOT acceptable)
Boca Raton, FL 33432	70 cm
	te, and Zip
Having been named as registered agent and to a	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MCD" - Monogon	Name and Address:
"MGR" = Manager	.1
"MGRM" = Managing Men	nber
MGRM	Lazaro Alvarez
	5761 NW 192 St.
•	Hialeah, FL 33015
	Howard Rubin
	2240 Date Palm Rd.
	Boca Raton, FL 33432
	Martin Meyers
	Box 188
	Washington Depot, CT 06794
(Use attachment if necessor	w)
(Use attachment if necessar	у)
•	
CLE V: Effective date, if oth	er than the date of filing: February 1, 2013
CLE V: Effective date, if oth effective date is listed, the	er than the date of filing: February 1, 2013 (OPTIONA) date must be specific and cannot be more than five business
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CLE V: Effective date, if oth effective date is listed, the to or 90 days after the date of REQUIRED SIGNATUR	er than the date of filing: February 1, 2013 (OPTIONAL date must be specific and cannot be more than five business of filing.)
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CLE V: Effective date, if oth effective date is listed, the to or 90 days after the date of the REQUIRED SIGNATUR Signature  (In accordance with constitutes an affirm	er than the date of filing: February 1, 2013 (OPTIONAL date must be specific and cannot be more than five business of filing.)  E:  of a member or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.
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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)