

L14000101545

(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



600261532906

06/23/14--01053--001 **125.00

FILED
2014 JUN 23 PM 12:28
CLERK OF STATE
TALLAHASSEE FLORIDA

JUN 25 2014

J. BRUCE

EFFECTIVE DATE

6/17/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMM Assets, 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:

Charles E. Rutherford, Esq.
Name of Person

Rutherford Law Firm, P.L.
Firm/Company

2101 NW Corporate Blvd Ste 206
Address

Boca Raton FL 33431-7343
City/State and Zip Code

charlie@attorneyvrutherford.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles E. Rutherford at (561) 368-8041
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 JUN 23 PM 12:28
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMM Assets, 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:

c/o Rutherford Law Firm, P.L.
2101 NW Corporate Blvd Ste 206
Boca Raton FL 33431-7343

c/o Rutherford Law Firm, P.L.
2101 NW Corporate Blvd Ste 206
Boca Raton FL 33431-7343

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 entity with an active Florida registration.)

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

Rutherford Law Firm, P.L.
Name

2101 NW Corporate Blvd Ste 206
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33431-7343
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 6/17/14

FILED
2014 JUN 23 PM 12:28
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Arline M. McNally

1800 Sabal Palm Circle

Boca Raton FL 33432


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/17/2014. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

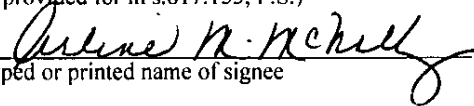


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 felony as provided for in s.817.155, F.S.)

Arline M. McNally


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)

FILED
2014 JUN 23 PM 12:28
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA