

#L14000109771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

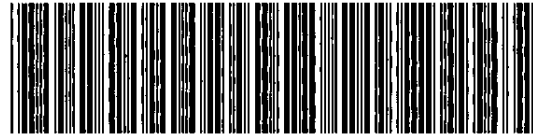
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUL 11 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
JUL 11 2014

330.00 Certificate of Organization
Certificate of Status (Optional)

The name and address for each person authorized to execute and file this document with the State of Florida is:

Title
"ANY OTHER TITLE"
"NONE"
"MANAGER"
"MEMBER"

Printed Name of Person

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AOSims 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:

Donald Link
Name of Person

AOSims LLC
Firm/Company

13432 156th St N
Address

Jupiter Farms, FL 33478
City/State and Zip Code

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

For further information concerning this matter, please call:

Donald Link at (561) 744-5472
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
- \$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

COVER LETTER **Street/Courier Address**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SUBJECT: AOSims 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:

This form is to be checked for the following amounts:

Articles of Organization: _____
Articles of Amendment: _____
Articles of Dissolution: _____
Articles of Organization for Florida Limited Liability Company: _____

ARTICLE I - Name:

The name of the Limited Liability Company is:

AOSims, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
Division of Corporations & Business Regulation
601 Executive Center, Suite 200
Tallahassee, FL 32301

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

13432 156th St N Jupiter Farms, FL 33478-8521
Jupiter Farms, FL 33478-8521 Jupiter Farms, FL 33478-8521

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:

AOSims, LLC
Donald Link Name
13432 156th St N
Florida street address (P.O. Box **NOT** acceptable)
Jupiter Farms City FL 33478-8521 Zip

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TALLAHASSEE, FLORIDA

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.

Donald Link

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Donald Link

13432 156th St N

Jupiter Farms, FL 33478-8521

ARTICLE I - Name:

The name of the Limited Liability Company is:

no others

XXXXXXXX

AOSims, LLC

(Must end with the words "Limited Liability Company" or "LLC")

no others

XXXXXXXXXX

ARTICLE II - Address:

The mailing address and contact address of the person:

no others

XXXXXXXXXX

13432 156th St N

Jupiter Farms, FL 33478-8521

(Use attachment if necessary)

Jupiter Farms, FL 33478-8521

Jupiter Farms, FL 33478-8521

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.)

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 §.817.155, F.S.)

Donald Link

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)