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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 20 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Medical Education, Training, & Standby 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:

Christopher A. Missler
Name of Person

American Medical Education, Training, & Standby LLC
Firm/Company

130 Mill Pond Cove
Address

Crestview, FL 32539
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher A. Missler at (850) 902-0573
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

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

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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:

Christopher A. Missler

130 Mill Pond Cove

Crestview, FL 32539

AMBR

Theresa K. Missler

130 Mill Pond Cov

Crestview, FL 32539

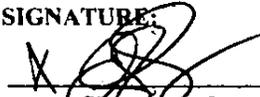
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~February 1, 2015~~ ^{CAM} (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.)

Christopher A. Missler

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)