

L150000134769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

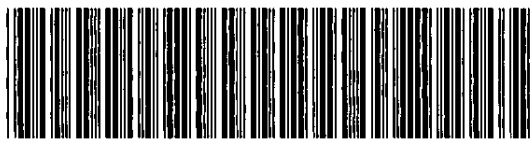
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

Special Instructions to Filing Officer:  
  
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2015 AUG -6 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~106-56991~~

~~700-2937 101,6206, 2544, 2976, 671~~

AUG 10 2015  
T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AM FILMS  
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:

ARIEL MARTINEZ JR  
Name of Person

AM FILMS, LLC  
Firm/Company

265 SW 67TH AVE  
Address

MIAMI/ FLORIDA 33144  
City/State and Zip Code

ARIELMRTZ@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIEL MARTINEZ JR      305      3053430  
Name of Person      at (      )      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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2015

ARIEL MARTINEZ JR  
265 SW 67TH AVE  
MIAMI, FL 33144

SUBJECT: AM FILMS LLC  
Ref. Number: W15000048799

RECEIVED AUG 6 2015

We have received your document for AM FILMS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000056991.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 415A00015230

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
2015 AUG -6 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARIEL MARTINEZ FILMS, 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:

ARIEL MARTINEZ JR.  
265 SW 67 AVENUE  
MIAMI, FL. 33144

Mailing Address:

ARIEL MARTINEZ JR.  
265 SW 67 AVENUE  
MIAMI, FL. 33144

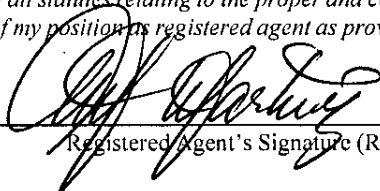
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

ROYAL CARRIER SERVICE, LLC  
Name  
265 SW 67 AVENUE  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33144  
City State 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)

**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:**

ARIEL MARTINEZ JR  
205 SW 67<sup>th</sup> AVE  
MIAMI, FLORIDA 33144

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ariel Martinez

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)