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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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05/16/17--01023--013 **160.00

17 MAY 16 PM 12: 15

EFFECTIVE DATE 06/01/17

x 05/17/17

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJEC	AMPERPHY LLC			
SUDJE		of Limited Li	iability Company	
The enc	losed Articles of Organization and fo	ee(s) are submi	itted for filing.	
Please re	eturn all correspondence concerning	this matter to t	the following:	
	Daniel S. Gacek			
		Nam	ne of Person	
	Amperphy LLC			
		Firm	n/Company	
	124 Southern Grove Drive			
	**************************************	A	Address	
	St. Johns, FL 32259			
	1.0.7	City/Stat	te and Zip Code	
	Amperphy@gmail.com F-mail address: (to l	be used for futu	ure annual report notification)	
For furthe	er information concerning this matter		, , , , , , , , , , , , , , , , , , , ,	
	Daniel Gacek	904 at (652-7818	
	Name of Person	Area Cod	de Daytime Telephone Number	
Enclose	d is a check for the following amour	nt:		
	Filing Fec \$130.00 Filing For Certificate of Sta	ce & S1	\$160.00 Filing Fee & Certificate of Statu Certified Copy (additional copy is enclosed)	s &
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Amperphy LLC	
(Must contain the words "Limited Liabi	lity 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:
124 Southern Grove Drive	124 Southern Grove Drive
St. Johns, FL 32259	St. Johns, FL 32259
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
Daniel S. Gacek	
Nar	me

Florida street address (P.O. Box NOT acceptable)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

FL

124 Southern Grove Drive

St. Johns

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

(CONTINUED)

CREENED IN STATE

:= [: ARTICLE IV-

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

"MGR" = Manager AMBR Daniel S. Gacek 124 Southern Grove Drive St. Johns, FL 32259 (Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: June 1, 2017 (OPTIONAL) (OPTIONAL) (OPTIONAL) (Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be learnenn's effective date on the Department of State's records. (LE VI: Other provisions, if any. of this business will be outlined in the Operations Agreement (under development as of this filing date). REQUIRED SIGNATURE: Signature of a member of 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. Daniel S. Gacek Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	Title:			
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