## 8000259793

(F	Requestor's Name)
	Address)
	Address)
((	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u> </u>	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



600320692826

11/09/18--01001--006 \*\*130.00

18 NOV -8 PH 4: 84 2010 NOV -8 PH 4: 14

8105 8 0 AOH C Kinsey

## **COVER LETTER**

TO: New Filing Section

Division of Corporations
SUBJECT: Ammie's Mobile Home Park 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:
Adrian C. Fletcher Name of Person
Annie: Mobile Home Park LLC Firm/Company
511 Hopkins Landing Rd Address
City/State and Zip Code  ammiesmhp @ gmail. Lom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adrian C Fletc Lau ( 950 ) 980 2323  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certified Copy} (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Ammie's Mobile Home Park LL <  (Must contain 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: Maiting Address:	
Panama City FC 32405 Duincy , FC 32	and ing
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 individuant of business entity with an active Florida registration.)	lual or
The name and the Florida street address of the registered agent are:	. 0.
Adrian C. Fletcher	ZONG NOV -
	AON AON
Florida street address (P.O. Box NOT acceptable)	SSE S-S
Florida street address (P.O. Box NOT acceptable)	

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)

(Use attachment if necessary)  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberature 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.  Advian CFlether  Typed or printed name of signee	Title:	Name and Address:
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing	"AMBR" = Authorized Member	
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  OPTIONAL)  effective date is issted, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.)  if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be life occument's effective date on the Department of State's records.  ICLE 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.	MGR	Adrian C Fletcher
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  OPTIONAL)  effective date is issted, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.)  if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be life occument's effective date on the Department of State's records.  ICLE 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.		511 Hoskius Landing
CLE V: Effective date, if other than the date of filing:		Aviny, Fr. 32/35/
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.)  #### If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberary in the date on the Department of State's records.  ###################################		,
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.)  #### If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberary in the date on the Department of State's records.  ###################################		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### ### ### ### ### ### ### ### ### #		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberated on the Department of State's records.  ### CLE 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.		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberated on the Department of State's records.  ### CLE 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.		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberated on the Department of State's records.  ### CLE 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.		<del> </del>
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### ### ### ### ### ### ### ### ### #		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### ### ### ### ### ### ### ### ### #		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberated on the Department of State's records.  ### CLE 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.		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### ### ### ### ### ### ### ### ### #		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  ### ### ### ### ### ### ### ### ### #	417 1 100	
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberaries affective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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.	(Lice attachment if necessary)	
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be libroument's effective date on the Department of State's records.  CLE 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.	•	1
REOUIRED 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.	CLE V: Effective date, if other than the da	ate of filing:
REOUIRED 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.	CLE V: Effective date, if other than the da effective date is listed, the date must be	ate of filing:
REOURED 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.	CLE V: Effective date, if other than the da effective date is listed, the date must be site of filing.)	perior and cambe be and comment in a second day, a prior to me of a day, a
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be list
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.	CLE V: Effective date, if other than the dateffective date is listed, the date must be state of filing.)  If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be list
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not becoment's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be list
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.)  If the date inserted in this block does not occument's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be list
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not becoment's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be list
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not becoment's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be lis
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not occument's effective date on the Department of the CLE VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will not be list
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not be cument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not be list not of State's records.
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.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not be ument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not be list not of State's records.
constitutes a third degree felony as provided for in s.817.155, F.S.	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not ocument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not be list not of State's records.  Let Let member or an authorized representative of a member.
g	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not ocument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a 1 This document is executed.	t meet the applicable statutory filing requirements, this date will not be list not of State's records.  Declared the applicable statutory filing requirements, this date will not be list not of State's records.  Declared the applicable statutory filing requirements, this date will not be list not of State's records.  Declared the applicable statutory filing requirements, this date will not be list not of State's records.
Adrian C + 1ctcher	CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not ocument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a state of the document is executed any factories.	t meet the applicable statutory filing requirements, this date will not be list not of State's records.  Declaration of State's records.  Declaration of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements, this date will not be list not of State and the statutory filing requirements and the statutory filing
<del>,,</del>	CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  If the date inserted in this block does not be cument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a standard document is exect 1 am aware that any faconstitutes a third degree.	t meet the applicable statutory filing requirements, this date will not be list at of State's records.  Deficient of State's records.  Deficient of a member of an authorized representative of a member. Couted in accordance with section 605.0203 (1) (b). Florida Statutes. Use information submitted in a document to the Department of State rec felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

**ARTICLE IV-**

S 5.00 Certificate of Status (Optional)