

L190000-10517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

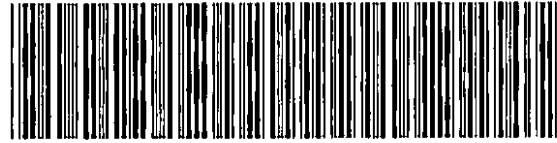
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600323158186

01/14/19--01004--001 **125.00

FILING CANCELLED
DUE TO RETURNED CHECK

FILED
2019 JAN 14 AM 8:19
MASSACHUSETTS

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COVER LETTER

FILING CANCELLED
DUE TO RETURNED CHECK

TO: New Filing Section
Division of Corporations

SUBJECT: A M ENTERPRISE OF FL 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:

ANTWON McNEIL
Name of Person

2502 HOLTON ST APT 8210
Address

TALLAHASSEE FL 32310
City/State and Zip Code

MCNEIL a 89 @gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTWON McNEIL at (32310) 850-284-0577
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILING CANCELLED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY DUE TO RETURNED CHECK

ARTICLE I - Name:

The name of the Limited Liability Company is:

AM ENTERPRISE OF FL LLC

(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:

2502 HOLTON ST
APT B-210
TALLAHASSEE, FL 32310

Mailing Address:

2502 HOLTON ST
APT B-210
TALLAHASSEE, FL 32310

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:

ANTHONY MCNEIL

Name

2502 HOLTON ST APT B-210

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

TALLAHASSEE FL 32310

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.

ANTHONY MCNEIL

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2019 JAN 14 AM 8:40
TALLAHASSEE, FL

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DUE TO RETURNED CHECK**

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

ANTWON MCNEIL
2502 HOLTON ST B-210
TALLAHASSEE, FL 32310

(Use attachment if necessary)

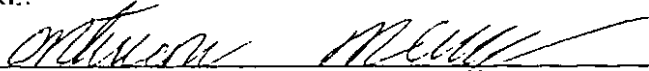
ARTICLE V: Effective date, if other than the date of filing: 1-14-19 (OPTIONAL)

(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.

ANTWON MCNEIL

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)

FILED

2019 JAN 14 11:04:40

FILED