

L22 000052643

(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:

W22-14816

Office Use Only



200379975642

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SECRETARY OF STATE  
2022 FEB 10 AM 8:15

RECEIVED  
2022 FEB -9 PM 12:33  
AT HASSEE, MN

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: AMERICAN INVESTMENT GROUP 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:

GLORIA GUO CPA

\_\_\_\_\_  
Name of Person

GLORIA GUO & ASSOCIATES CPA PA

\_\_\_\_\_  
Firm/Company

8755 CARAWAY LAKE CT

\_\_\_\_\_  
Address

BOYNTON BEACH, FL 33473

\_\_\_\_\_  
City/State and Zip Code

GLORIAGUOCPA@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIA GUO

561

386-8212

at ( )

\_\_\_\_\_  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: AMERICAN INVESTMENT GROUP LLC  
Ref. Number: W22000014816

We have received your document for AMERICAN INVESTMENT GROUP LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

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.

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 L20000288690.

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.

Carlos E Rico  
Regulatory Specialist III

Letter Number: 022A00003246

*Carlos  
Any Questions  
see me  
Judy*

RECEIVED  
2022 FEB 10 PM 4:48  
ALLAHASSEE, FL 081

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 125.00**

**AUTHORIZATION SIGNATURE:** 

**AMERICAN INVESTMENT GROUP LLC**

**Business Name**

**Document Number, (if known):**

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ **Dissolution/Withdrawal**  
☐ Merger  
☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( )  
**Country**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Statement of Revocation of Dissolution  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

No 1 AMERICAN INVESTMENT GROUP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2022 FEB 10 AM 8:15

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6221 WEST ATLANTIC BLVD  
MARGATE, FL 33063

Mailing Address:

6221 WEST ATLANTIC BLVD  
MARGATE, FL 33063

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:

JING RU GUO

Name

6221 WEST ATLANTIC BLVD

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

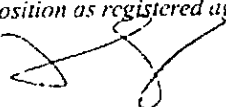
MARGATE, FL 33063

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

**Name and Address:**

AMBR

MAO GROUP INC  
6221 WEST ATLANTIC BLVD  
MARGATE, FL 33063

AMBR

GO YOUNG BEAUTY LLC  
8755 CARAWAY LAKE CT  
BOYNTON BEACH, FL 33473

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(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.

JING RU GUO

Typed or printed name of signer

**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)