

L220000474256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

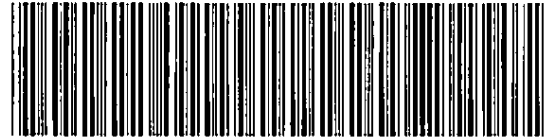
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400395844004

S. CHATHAM
NOV -7 2022

FILED
SECRETARY OF STATE
2022 NOV -4 PM 3:47

2022 NOV -4 PM 3:47

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Wealth Preservation 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:

Derik Fay

Name of Person

American Wealth Preservation LLC

Firm/Company

525 Neptune Bay Circle Unit 8

Address

Saint Cloud, FL, 34769

City/State and Zip Code

otherdocsforus@gmail.com

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

For further information concerning this matter, please call:

Lura Barua

888

650-3738

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 CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: _____

American Wealth Preservation LLC

BUSINESS (Name)

Document #

___ Walk in ___ Pick up time ___

___ Mail out ___ Will wait

___ Photocopy

___ Certified Copy of Organization (please stamp each page)

___ 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**
___ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

___ Annual Report
___ Fictitious Name

___ APOSTIL() ___
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of Partnership
___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Wealth Preservation 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:

525 Neptune Bay Circle Unit 8,
Saint Cloud, FL, 34769

Mailing Address:

525 Neptune Bay Circle Unit 8,
Saint Cloud, FL, 34769

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:

Legacy RA Group Inc

Name

2330 Clare DR

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

Tallahassee

Florida

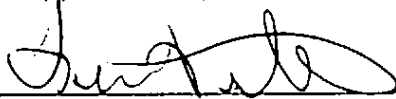
32301

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Blackwell legacy LLC
525 Neptune Bay Circle Unit 8
Saint Cloud, FL, 34769

MGR

3f Management, LLC
5248 Red Cedar Dr
Fort Myers, FL, 33908

(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:

Derik Fay

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.

Derik Fay

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)