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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

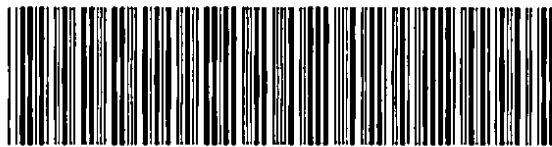
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Experiments, 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:

Ronald G. Meyer, Esquire

Name of Person

Meyer, Blohm and Powell, P.A.

Firm/Company

Post Office Box 1547

Address

Tallahassee, FL 32302

City/State and Zip Code

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

For further information concerning this matter, please call:

Lynn Thomas

850

878-5212

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

ARTICLES OF ORGANIZATION
FOR
AMERICAN EXPERIMENTS, LLC

The undersigned subscribes to these Articles of Organization for the purpose of forming a Limited Liability Company, which shall become effective upon filing of these Articles with the Secretary of State.

ARTICLE I

The name of the Limited Liability Company is "American Experiments, LLC."

ARTICLE II

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

25550 SW 152nd Avenue
Homestead, Florida 33032

The mailing address of the Limited Liability Company is:

25550 SW 152nd Avenue
Homestead, Florida 33032

ARTICLE III

The name and the Florida street address of the registered agent are:

Raymond Paultre
25550 SW 152nd Avenue
Homestead, Florida 33032

ARTICLE IV

The name and address of the sole member who is the person authorized to manage and control the Limited Liability Company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR/AMBR – Manager/Authorized Member	Raymond Paultre
Address:	25550 SW 152 nd Avenue Homestead, Florida 33032

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ARTICLE V

The purpose for which this Limited Liability Company is formed is to conduct any lawful business permitted under the laws of the United States or of the State of Florida.


IN WITNESS WHEREOF, 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 Section 817.155, Florida Statutes.



RAYMOND PAULTRE

ACCEPTANCE BY REGISTERED AGENT

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 Florida Statutes.



RAYMOND PAULTRE
Registered Agent

Date: November 29, 2023

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