

M0400002456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

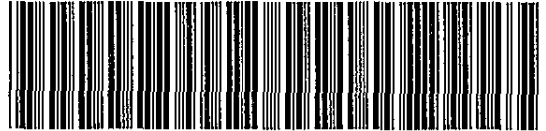
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



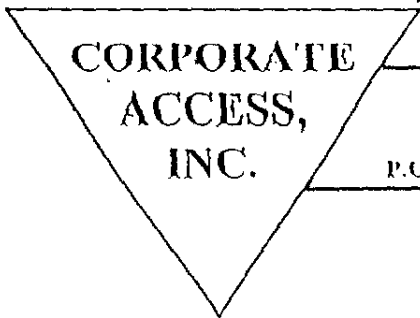
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06/23/04--01023--011 \*\*155.00

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04 JUN 23 AM 9:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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04 JUN 23 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BT*



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

WALK IN  
PICK UP 6/23

CERTIFIED COPY \_\_\_\_\_ CUS \_\_\_\_\_

PHOTO COPY \_\_\_\_\_  FILING LLC

1.) 4563 Amboy Road, L.L.C.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

4563 AMBOY ROAD, L.L.C.

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

Jeffrey A. Icardi

(Name)

549 Wymore Road, North, Suite 109

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Maitland

FL

City/State/Zip

32751-4257

*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 608, Florida Statutes.*

(Signature)

**\$ 100.00 Filing Fee for Application**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (optional)**  
**\$ 5.00 Certificate of Status (optional)**

**State of New York** } **ss:**  
**Department of State**

*I hereby certify, that 4563 AMBOY ROAD, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/03/1996, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.*

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 16th day of June  
two thousand and four.*

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