

LV4000075634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

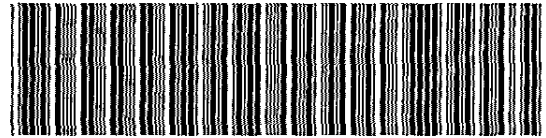
(Document Number)

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

Special Instructions to Filing Officer:

*BK*

Office Use Only



500041936165

10/20/04--01005--017 \*\*155.00

FILED

04 OCT 19 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 OCT 19 PM 4:36

CLERK OF STATE  
UNIVERSITY OF FLORIDA  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A.M.A., LLC

FILED  
04 OCT 19 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

10/19/04 3:51

**ARTICLES OF ORGANIZATION FOR**  
**A.M.A., L.L.C.**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
04 OCT 19 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the Limited Liability Company is A.M.A., LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 1501 Decker Avenue, Building B, Unit 208, Stuart, FL, 34997.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE**  
**& REGISTERED AGENT'S SIGNATURE**

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


Name

Address

Arthur Scornavacca, Sr.


1501 Decker Avenue  
Building B, Unit 208  
Stuart, FL 34997

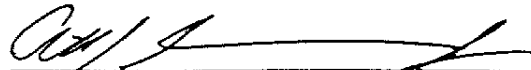
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S.*

  
Arthur Scornavacca, Sr., Registered Agent

#### **ARTICLE IV - MANAGEMENT**

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
\_\_\_\_\_  
Arthur Scornavacca, Sr., Manager

  
\_\_\_\_\_  
Arthur Scornavacca, Jr., Manager

*(In accordance with section 608.408(3), the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*