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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

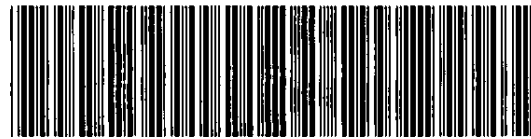
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 18 AM 10:29

T. HAMPTON
JAN 19 2011
EXAMINER



SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

**ATTORNEYS AT LAW
FIRM ESTABLISHED 1924**

JAY ANDREW BRETT
JOHN F. STEWART +
CRAIG R. HERSCH *^
D. HUGH KINSEY, JR.
MICHAEL B. HILL *

**9100 COLLEGE POINTE COURT
FORT MYERS, FLORIDA 33919
(239) 334 - 1141 PHONE
(239) 334 - 3965 FAX**

ELECTRONIC MAIL:

brett@sbshlaw.com
stewart@sbshlaw.com
hersch@sbshlaw.com
kinsey@sbshlaw.com
hill@sbshlaw.com

**OF COUNSEL
JOHN W. SHEPPARD**

www.sbshlaw.com

* BOARD CERTIFIED - WILLS, TRUSTS & ESTATES
^ CERTIFIED PUBLIC ACCOUNTANT (FL)
+ ALSO ADMITTED IN IOWA

JOHN K. WOOLSLAIR (1908-1968)
W.A. SHEPPARD (1898-1971)

January 13, 2011

Corporate Records Bureau
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32301

Re: AMS FAMILY LIMITED LIABILITY
LIMITED PARTNERSHIP

Dear Sirs:

Enclosed herewith is proposed Certificate of Limited Liability Partnership for the referenced entity for filing on the State's records, together with our check in the amount of \$1,052.50 to cover the following:

Filing Fee	\$ 965.00
Certified copy	\$ 52.50
Resident Agent Fee	\$ <u>35.00</u>
	\$1,052.50

If the Certificate of Limited Liability Partnership meets with your approval, we will appreciate your executing and sending to the undersigned a Certificate of Limited Liability Partnership.

Kind regards,

SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

Michael B. Hill

MBH:dlb
Enclosures

M-0478

CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

FOR

**AMS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
A Florida Limited Liability Limited Partnership**

1. **AMS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership,
L.L.L.P. or LLLP.

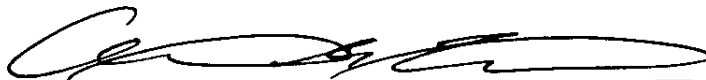
2. 9100 College Pointe Court
(Street Address of Initial Designated Office)

Fort Myers, Florida 33919

3. Michael B. Hill
(Name of Registered Agent for Service of Process)

4. 9100 College Pointe Court, Fort Myers, Florida 33919
(Florida Street Address for Registered Agent)

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Michael B. Hill, Registered Agent

6. 9100 College Pointe Court
(Mailing Address of Initial Designated Office)

Fort Myers, Florida 33919

7. If Limited Partnership elects to be a Limited Liability Partnership, check box: ☒

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Certificate of Limited Liability Partnership of
AMS Family Limited Liability Limited Partnership

8. Name and business address of each General Partner:

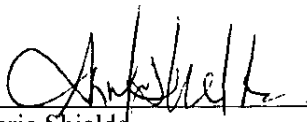
<u>Name</u>	<u>Business Address</u>
<u>Ann Marie Shields</u>	<u>9100 College Pointe Court</u> <u>Fort Myers, Florida 33919</u>

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than ninety (90) days after the date the document is file by the Florida Department of State.)

Signed on December 9, 2010.

Signature of each General Partner:



Ann Marie Shields

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

Filing Fees:	\$	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):		\$52.50
Certificate of Status (optional):		\$8.75

Certificate of Limited Liability Partnership of
AMS Family Limited Liability Limited Partnership