CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301

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

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	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy Photo Copy Photo Copy
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	Certificate of Good Standing
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is: AMBERSON C. BAUER, JR. LLC.

ARTICLE II: Address:

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

1605 Main Street, Suite 912 Sarasota, Florida 34236

ARTICLE III:

Registered agent, Registered Office, & Registered Agent's Signature:

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

H. William Scovill 1605 Main Street, Suite 912 Sarasota, Florida 34236

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..

H. William Scovill

ARTICLE IV: Management

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

AMBERSON C. BAUER, JR.

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

STATE OF FLORIDA COUNTY OF SARASOTA

Personally known or Produced ID

My commission expires:

Notary Public

Evelyn Scovill

MY COMMISSION # CC954393 EXPIRES
September 1, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

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