



**THE UNITED STATES  
CORPORATION**  
C O M P A N Y

P.O. Box 5828  
Tallahassee, FL 32314  
(800) 342-8086

(Requestor's Name)

1201 Hays Street

(Address)

Tallahassee, FL 32301 222-9171

(City, State, Zip)

(Phone #)

CIS Contact: JAMELA ABAIED

Account No.: 072100000032

Reference Patricia P. Pitt

Authorization:

Cost Limit : \$ 125.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AMJ ALABAMA, LLC

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

600004598016-4

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 19 PM 12:22

FILED

JB  
9-19-01

**ARTICLES OF ORGANIZATION  
OF  
AMJ ALABAMA, LLC  
a Florida Limited Liability Company**

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**AMJ ALABAMA, LLC**

**ARTICLE II. Address**

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

**Post Office Box 1648  
Lakeland, Florida 33802**

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

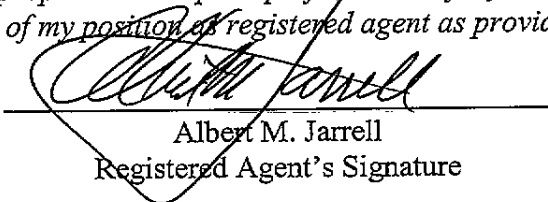
**2700 Interstate Drive  
Lakeland, Florida 33805**

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Albert M. Jarrell  
2700 Interstate Drive  
Lakeland, Florida 33805**

*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.*

  
Albert M. Jarrell  
Registered Agent's Signature

01 SEP 19 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

#### ARTICLE IV. Management

The Limited Liability Company is to be managed by a manager and is, therefore, a manager-managed company. The name, mailing address, and street address of such person who is to serve as manager is:

Craig Carter  
2700 Interstate Drive  
Lakeland, Florida 33805



Craig Carter, Managing Member

APPROVED  
AND  
FILED

01 SEP 19 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA