Division of Corporations

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Division of Corporations

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Katherine Harris, Secretary of State

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(((H02000078488 2)))

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : RICHARD G. COKER, JR., P.A.
Account Number : I20010000145
Phone : (954)761-3636
Fax Number : (954)761-1818

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

AMAS Development - Bontona, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AMAS Development - Bontona, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

1103 East Las Olas Boulevard, Suite 200
Fort Lauderdale, FL 33301

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:
(check and complete the appropriate statement)

☐ **The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:**

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☒ **The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:**

Michael A. Shiff
1103 East Las Olas Boulevard, Suite 200
Fort Lauderdale, FL 33301

X _____
Signature of a member or authorized representative of a member.

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

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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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

AMAS Development - Bontona, LLC

2. The name and address of the registered agent and office is:

Michael A. Shiff
(Name)

1103 East Las Olas Boulevard, Suite 200
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Fort Lauderdale, FL 33301
(City/State/Zip)

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.

x _____
(Signature)

April 9, 2002
(Date)

Filing Fee: $ 35 for Designation of Registered Agent