Address TA CLA HA SSEE (850) 84 City/State/Zip Phone #		"
	Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
1. AMB PROPERTIES (Corporation Name)	(Document#)	
2. (Corporation Name) 3. (Corporation Name)	(Document #) 7000725351 -08/21/0201009- ****125.00 ***** (Document #)	7——5 -021 125.00
4(Corporation Name)	(Document #)	SIAID
Walk in Pick up time Mail out Will wait	Certified Copy Photocopy Certificate of Status	FILED CRETARY OF S 1011 OF CORPO
NEW FILINGS Profit Not for Profit Limited Liability Other Other Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership	PATIONS 1483
CR2E031(7/97)	Reinstatement Trademark Other Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
AMB PROPERTIES LLC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Compan	y is:
YIJG SHADY GROVE WAY	
TALLAHASSEE FL. 323/2	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
MICHEL A. BOULOS Name	
TITE SHADY GROVE WAY	
Florida street address (P.O. Box NOT acceptable) TAULAHASSEE FL. 323/7	-
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limit	ed ristand
liability company at the place designated in this certificate, I hereby accept the appointment as regularity to a complex with the provisions of all statutes.	zisierea S
agent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties, and I am familiar with and accept to	s the
obligations of my position as registered agent as provided for in Chapter 608, F.S	
obligations of my position as regimered again to provide a provide	
/ Millel /Lout	
Registered Agent's Signature	9
2 A	338
Article IV - Management (Check box if applicable.)	, <u>P</u> X
The Limited Liability Company is to be managed by one manager or more manager	
therefore, a manager - managed company.	
	25 25 25 25
•• 	至至
(An additional/article must be added if an effective date is requested)	O. S.
Muchel (Sant)	
Signature of a member or an authorized representative of a member.	
(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.)	
MICHEL BOULOS Typed or printed name of signee	
Typed or printed name of signee	
	rus Lighting

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)