

L04000044889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

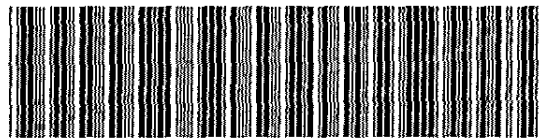
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700037507947

06/14/04--01018--020 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 14 AM 8:11

Offices of  
**Artice L. McGraw, P.A.**  
Attorney and Counselor at Law  
817 North Palafox Street  
Pensacola, Florida 32501-5681

Telephone: (850) 438-4036  
Fax: (850) 438-2136

Personal Injury  
Wrongful Death  
Trial Practice-General  
  
Admitted in Florida  
and Alabama

June 14, 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMC, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Artice L. McGraw, Esq.  
817 N. Palafox Street  
Pensacola, Florida 32501

For further information concerning this matter, please call:

David Bright (paralegal for Artice L. McGraw) at (850) 438-4036

Mail to:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 14 AM 8:11

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:  
**AMC, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

817 N. Palafox Street  
Pensacola, Florida 32501

**Mailing Address:**

817 N. Palafox Street  
Pensacola, Florida 32501

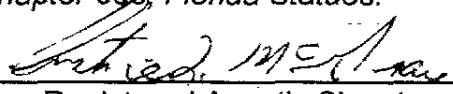
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Name: **Artice L. McGraw**

Florida street address: **817 N. Palafox Street  
Pensacola, Florida 32501**

*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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 2011 11:11

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title**

**Name and Address:**

"MGR" = Manager

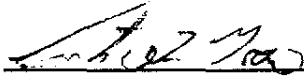
"MGRM" = Managing Member

MGRM

Artice L. McGraw  
817 N. Palafox Street  
Pensacola, Florida 32501

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Typed or printed name of signee: Artice L. McGraw

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 14 AM 8:11