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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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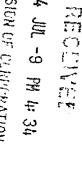
Office Use Only

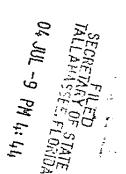


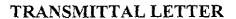
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TON OF CLAPCRATION







TO: Registration Section Division of Corporations
SUBJECT: AMB Development and Construction, La (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antoine Person)
AMB Development and Contraction, UC
9158 Hclass ct
Tallahasse F. 32312. (City/State and Zip Code)
For further information concerning this matter, please call:
Artoine Boolos at (850) 556 6660 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\fomalle{Q}\$ \$125.00 Filing Fee \( \begin{array}{c} \Boxed{1} \) \$130.00 Filing Fee \( \begin{array}{c} \Boxed{1} \) \$155.00 Filing Fee \( \begin{array}{c} \Boxed{1} \) \$160.00 Filing Fee, \\ Certificate of Status \( \begin{array}{c} \Boxed{2} \\ (additional copy is enclosed) \end{array} \) Certified Copy \( (additional copy is enclosed) \end{array}

### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

### MAILING ADDRESS:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name: The name of the Limit

The name of the Limited Liability Company is:

AMB Development and a	onstruction, LLC					
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
9158 McDougal ct Tallahassed FL 39312	9158 HeDougal et Tallahasse Fi 32312					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:						
The name and the Florida street address of the registered agent are:						
Antaine Bould	TARRY OF THE PROPERTY OF THE P					
9158 McDougal C Florida street address (P.O. Box NO	T acceptable)					
Tallahasve FL 3 City, State, and Zip	3312 · 5m					

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..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager		Name and Ad	ldress:		
"MGRM" = Managir	ng Member				
MGRM		Antoine	Bou	جماً	
		9158 H	Dove	jal ct	- 3231
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(Use attachment if ne	ecessary)				
NOTE: An addition	nal article must be	added if an eff	ective dat	e is reque	sted.
REQUIRED SIGNA					- <del></del> -
· S	ignature of a momber	or an authorized 1	epresentati	ve of a men	nber.

(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.)

ANTOINE BOULDS
Typed or printed name of signed

#### 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)