

L040000 60209

(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:

BK

Office Use Only



500039609405

FILED
04 AUG 13 PM 2:17
TALLAHASSEE, FLORIDA

04 AUG 13 11:04:48
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 847433 80473A

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 155.00

FILED
04 AUG 13 PM 2:17
STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 13, 2004

ORDER TIME : 10:19 AM

ORDER NO. : 847433-005

CUSTOMER NO: 80473A

CUSTOMER: Ms. Katie Stein
Bill T. Smith, Jr., P.a.

Suite 402
980 North Federal Highway
Boca Raton, FL 33432

DOMESTIC FILING

NAME: AM12, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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

FILED
04 AUG 13 PM 2:17
STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

AM12, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1900 Spanish River Road

same

Boca Raton, Florida 33432

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

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

Bill T. Smith, Jr., Esq.

Name

980 N. Federal Highway, Suite 402

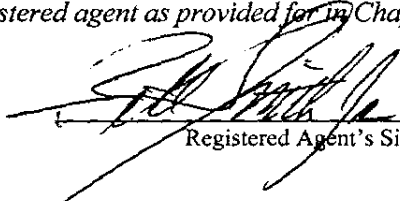
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FLORIDA 33432

City, State, and 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 as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Edward C. Campbell

1900 Spanish River Road

Boca Raton, Florida 33432

(Use attachment if necessary)

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.)

BILL T. SMITH, JR. ESQ.

Typed or printed name of signee

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)