

L05000064504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

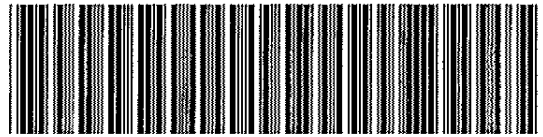
(Business Entity Name)

(Document Number)

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05 JUN 29 AM 10:56  
TALLAHASSEE, FLORIDA  
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05 JUN 29 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 455343 7492831

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 155.00

FILED  
05 JUN 29 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 28, 2005

ORDER TIME : 9:02 AM

ORDER NO. : 455343-005

CUSTOMER NO: 7492831

CUSTOMER: Roy W. Foxall  
Roy W. Foxall, P.a.

Suite 304, Suntrust Plaza  
2000 Main Street  
Fort Myers, FL 33901

DOMESTIC FILING

NAME: AMSJBBP, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
05 JUN 29 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AMSJBBP, 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:

13080 METRO PARKWAY  
FORT MYERS, FL 33912

SAME

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

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

ROY W. FOXALL

Name

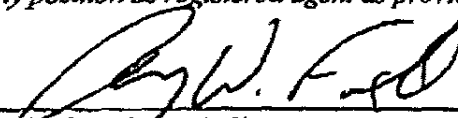
2000 MAIN STREET, SUITE 304

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

FT. MYERS FL 33901

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, 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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BETTY PETERSON  
13080 METRO PARKWAY  
FORT MYERS, FL 33912

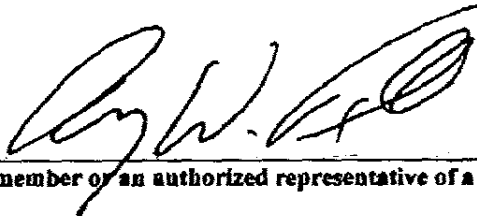
MGRM

JOHN BROWN  
13080 METRO PARKWAY  
FORT MYERS, FL 33912

(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.)

ROY W. FOXALL

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)