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(Address)

(City/State/Zip/Phone #)

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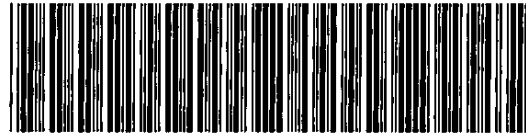
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: AMBA OF TAMPA, LLC  
(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:

John Edgecombe

(Name of Person)

Complete Accounting Solutions

(Firm/Company)

4444 Merrimac Avenue

(Address)

Jacksonville, Fl. 32210

(City/State and Zip Code)

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For further information concerning this matter, please call:

John Edgecombe at ( 904 ) 388-5700  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# **ARTICLES OF ORGANIZATION**

## **for**

### **AMBA OF TAMPA, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby makes, acknowledges, and files the following Articles of Organization.

#### ***ARTICLE I NAME***

The name of the limited liability company shall be Amba of Tampa, LLC ("Company").

#### ***ARTICLE II- ADDRESS***

The mailing address and street address of the principal office of the Company shall be 6316 Battle Gates Road, Jacksonville, FL 32258.

#### ***ARTICLE III DURATION***

The Company is to exist perpetually.

#### ***ARTICLE IV PURPOSES AND POWERS***

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

#### ***ARTICLE V MANAGEMENT***

The Company shall be managed by one (1) or more managers and is, therefore, a manager-managed company.

#### ***ARTICLE VI- INITIAL REGISTERED OFFICE AND AGENT***

The street address of the initial registered office of the Company is 6316 Battles Gates Road, Jacksonville, FL 32258 and the name of the initial registered agent for service of process at that address is Hemant Barot.

#### ***ARTICLE VII ADMISSION OF NEW MEMBERS***

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

#### ***ARTICLE VIII INDEMNIFICATION***

The company shall indemnify its members, managers, officers, employees, and agents to the full extent permitted by law.

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**ARTICLE IX - EFFECTIVE DATE**

The existence of the Company shall commence effective with the filing of the Articles of Organization with the Florida Department of State.

✓ Hemant Barot

Hemant Barot (an authorized representative of a member)

8.3.07

✓ Date

**REGISTERED AGENT'S ACCEPTANCE**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby accept 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.*

✓ Hemant Barot

Hemant Barot, Registered Agent

8.3.07

Date

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