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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 Fhone

: (302)531-0855

Fax Number

: (850)656-7953

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Ambassador Development LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

JUN 12 2009

**EXAMINER** 

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

	Ambassador Do	evelopment LLC	
(Must	batiani.i* abrow out driw bno i	Liability Company," "L.L.C.," or "L.L.C.")	
ARTICLE II - Add The mailing address		ne principal office of the Limited Liability Compo	any is:
Principal Office Ad	idresst	Mailing Address:	
125 Saint Edward Paim Beach Garde		125 Saint Edward Place Palm Beach Gardens, El. 33418	
ARTICLE III - Res	gistered Agent, Regist	ered Office, & Registered Agent's Signature; Registered Agent, You must designate an individual or smother	09
ARTICLE III - Res (The Limited Lieblity Con business entity with an art	gistered Agent, Regist npany outdoot serve as its own to tive Florida registration,)	ered Office, & Registered Agent's Signature;	NOT 60
ARTICLE III - Res (The Limited Lieblity Con- business entity with an art	gistered Agent, Regist namy name serve as its own t rive Florida registration.) orida street address of t Jules	ered Office, & Registered Agent's Signature; Registered Agent, You must designate an individual or smother the registered agent are: Musinger	LI NOC 60
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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 Agont's Signature (REQUIRED)

(CONTINUED)

## Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Mor	nber
MGRM	Jules Musinger
441 444 4444	125 Spint Edward Place
	Palm Beach Gardens, FL 33418
MGRM	Christopher English
111 411	712 Park Place
	West Palm Beach, Fl. 33401
	**************************************
-	Management of the second of th
,	Western and the second
(Use attachment if necessar,	y)
•	•
TCLE V: Bifective date, if other affective date is listed, the date	or than the date of filing: (OPTIONAL) to must be specific and cannot be more than five business days prior
TCLE V1 Bifective date, if other a effective date is listed, the date 90 days after the date of filing	or than the date of filing: (OPTIONAL) to must be specific and cannot be more than five business days prior to
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TCLE V1 Bifective date, if other a effective date is listed, the date 90 days after the date of filing REQUIRED SIGNATURY  Signature of this door	or than the date of filing:  to must be specific and cannot be more than five business days prior  the must be specific and cannot be more than five business days prior  the member or an authorized representative of a member.  The with section 608.408(3), Florida Statutes, the execution amont constitutes an affirmation under the panalities of porjury is stated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Sintus (Optional)