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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| W1200049257 |

Office Use Only



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D. BRUCE

OCT 15 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2012

STEVE SIMPSON P.O. BOX 27898 PANAMA CITY, FL 32411

SUBJECT: A.M. DESIGNS, LLC Ref. Number: W12000049257

We have received your document for A.M. DESIGNS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is T07000001508.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II NLLAHASSEE, FLORIDA

www.sunbiz.org

Letter Number: 712A00023921

COVER LETTER

| TO: | * Registration Section Division of Corporations | | | | |
|--------|---|--|--|--------------|---------------|
| SUBJ | A. M. Creative Designs. LLC | | | | |
| 5020 | | ited Liability Company | | | |
| The er | aclosed Articles of Organization and fee(s) are | e submitted for filing. | | | |
| Please | return all correspondence concerning this ma | atter to the following: | | | |
| | Steve Simpson | | | | |
| | | Name of Person | | _ | |
| | A. M. Creative Designs, LLC | | | | |
| | . • | Firm/Company | | _ | |
| | PO Box 27898 | | | | |
| | | Address | | _ | |
| | Panama City, FL 32411 | | SE | _72 | |
| | ssimpson001@gmail.com | ity/State and Zip Code | , AHAS | 0CT | , , |
| | E-mail address: (to be used | for future annual report notification) | XX | | |
| For fu | rther information concerning this matter, plea | se call: | | 字 字 ?: | ָרֶר. ברני |
| Stev | e Simpson | 205 534-6605 | 77 A 10 A | 47 | |
| | Name of Person | Area Code & Daytime Tele | ephone Number | | · |
| Enclo | sed is a check for the following amount: | | | | |
| | 0 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} | S155.00 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 Corporation Clifton Building 2661 Executive Center (| ns | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | anv is: | |
|---|--|---|
| | | |
| A. M. Creative Designs, LLC | | |
| (Must end with the words "Limite | ed Liability Company, "L.L.C.," or "LLC.") | ************************************* |
| ARTICLE II - Address: The mailing address and street address of | the principal office of the Limited Liab | ility Company is: |
| Principal Office Address: | Mailing Address: | |
| 1311 Pompano Road | PO Box 27898 | |
| Panama City, FL 32408 | Panama City, FL 32411 | |
| | | |
| (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of Steve Simpson | | al or another |
| | N | TAL SI |
| 1311 Pompano Roa | Name d | 2 OC ECRE |
| Florida st Panama City, FL 32 | reet address (P.O. Box <u>NOT</u> acceptable) | AND FILED 1 12 PH 2: TARY OF ST TASSEE, FLO |
| registered agent and agree to act in this constatutes relating to the proper and comp | ed in this certificate, I hereby accept the a apacity. I further agree to comply with th lete performance of my duties, and I am f | appointment as ne provisions of all familiar with and |
| accept the obligations of my position a | s registered agent as provided for in Cha | pter 608, F.S |

(CONTINUED)

Page 1 of 2

| <u>Title:</u> | Name and Address: |
|---|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGRM | Steve Simpson |
| | 1311 Pompano Road |
| | Panama City, FL 32411 |
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| LE V: Effective date, if other that fective date is listed, the date mu | n the date of filing: (OPTIONAL ast be specific and cannot be more than five business days |
| | ast be specific and cannot be more than five business days |
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| LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: | ast be specific and cannot be more than five business days SECRETARY ALL AHASSE |
| LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a m | ember of an authorized representative of a member. |
| LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false | ember of an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree | ember of an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree | ember of an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other that fective date is listed, the date middays after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Steve Simps | ember of an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Son Typed or printed name of signee |

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