L13000145078

(Re	questor's Name)	
	dress)	
(Add	aressj	
(Add	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	MAIT	MAIL
	· 	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
	oament Hambor,	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		ļ
		ĺ
	·	

Office Use Only



900252528199

10/15/13--01027--008 **130.00

2013 OCT | S PH |: 10

OCT 1 5 2013

. T. HAMPTON

COVER LETTÉR

Division of Corporations
SUBJECT: A MO W CA-NOSCAPE CLC
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:
Name of Person
Name of Person
Firm/Company
Firm/Company
1551 SW 35 PER
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 8181008 Area Code & Daytime Telephone Number
- ···· · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount:
\$125.00 Filing Fee
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limit	ted Liability Com	pany is:				
A AND	M LAA	UDSCAPI	E LLC.			
			any, "L.L.C.," or "LLC.")		_	
		, ,	•			
ARTICLE II - Addre						
The mailing address a	nd street address o	of the principal	office of the Limited	l Liability	Comp	any is:
Principal Office Add	mage •	Moil	ing Addross.			
			ing Address:			
1551 SW 35	s terr	_	SAME.			
FT LAUDE	TUDALE		51.WE.			
FT LAUDE FLOMDA	2115					
ARTICLE III - Regis (The Limited Liability Compa						
business entity with an activ		onn registered rigo	in I od mast designate an i	idividual of u	alome:	
The name and the Flor	rida etraat addrace	of the registers	ad agent are:			
		_	_			
_	william	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rtinez			
		Name				
ı	SS1 5W	35 7-C	r.			
<u></u>	Florida	street address (P.0	O. Box <u>NOT</u> acceptable)			
C	じ しんいつきかん	AM CS Pr	ر کی <u>کی کی</u> ک			
`		City, State, and 2	33312 Zip			
Having been named a						
			ificate, I hereby acce			
registered agent and			rmance of my duties,			
and accept the obliga	• •	4 A V	<i>v</i> ,			
1	J 71					,
	_	J				
-						
	Registered Agen	t's Signature (REC	Salken)	500	20	
					13(<u></u> 1
	(C	ONTINUED)		全洲	2013 OCT	9 (
	•			(V)	5	1
	P	Page 1 of 2		Professional Professional	70	

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

'MGR" = Manager	Name and Address:	
'MGRM" = Managing Member		
MGR	WILLIAM Mary 11 1551 54 35 Ter F-1 WUDERDALE FL William Martinez	
		_
		_
		_
		_
		_
E V: Effective date, if other than the	e date of filing: (OPTI	– Ona
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	e date of filing: (OPTI- t be specific and cannot be more than five bu	ONA
Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTI- t be specific and cannot be more than five bu	ON/
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	e date of filing: (OPTIII) date of filing:	ONA
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTION of the specific and cannot be more than five but the specific and cannot be more than the spe	ONA
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	e.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	e.
JEV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	e.
JEV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) ped or printed name of signee	2013 OCT 15
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) ped or printed name of signee	esine