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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

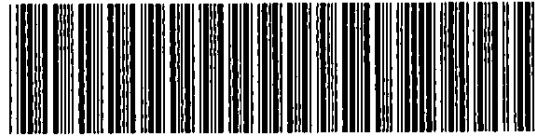
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 MAY 16 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014

2544



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2014

ANNA ROBBINS  
5055 NW 102ND DR  
CORAL SPRINGS, FL 33076-1706

SUBJECT: AMR LIMITED LIABILITY COMPANY  
Ref. Number: W14000028783

We have received your document for AMR LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. 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.*

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00009714

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMR LIMITED LIABILITY COMPANY  
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:

ANNA M. ROBBINS

Name of Person

AMR LIMITED LIABILITY COMPANY

Firm/Company

5055 NW 102nd DRIVE

Address

CORAL SPRINGS, FLORIDA 33076-1706

City/State and Zip Code

BKFL39@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELDON ROBBINS

Name of Person

at ( 954 ) 345-6030

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMA / RDR LIMITED LIABILITY COMPANY  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5055 NW 102ND DRIVE  
CORAL SPRINGS, FLORIDA  
33076-1706

Mailing Address:

5055 NW 102ND DRIVE  
CORAL SPRINGS, FLORIDA  
33076-1706

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

STEVE KRAFT CPA  
Name  
10195 WEST SAMPLE ROAD  
Florida street address (P.O. Box NOT acceptable)  
CORAL SPRINGS, FL 33076  
City 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 605, F.S.

Steve Kraft

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR.

Name and Address:

ANNA M. ROBBINS  
5055 NW 102ND DRIVE  
CORAL SPRINGS, FL 33076-1706

SHELDON ROBBINS  
5055 NW 102ND DRIVE  
CORAL SPRINGS, FL 33076-1706

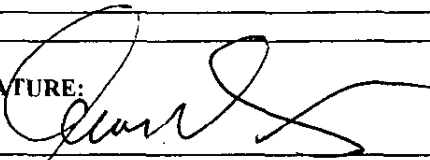
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ANNA M. ROBBINS

Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA