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J. Shivers MAY 19 200



## 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

Division of Comparations D.O. DOV 6207 Tellaharras Elevida 20014

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	A M	R LIMITED LIA	BILITY COMPANY
The enclosed Articles of O	rganization and fee(s) ar	e submitted for filing.	
Please return all correspon			
ANN	A M. ROBBI	Name of Person	
AMR	LIMITED LI	ABILITY COMPANY Firm/Company	
5055 1	1W loand Or	AVE .	
		Address	
CORAL S	Springs Flo	rida 33076-1	106
BKFL	39@ AOL	RIDA 33076-1' ity/State and Zip Code Com I for future annual report notifica	diam)
For further information cor			uon)
_	DOBBINS at (	954, 345-	6030 Jephone Number
Enclosed is a check for the	following amount:		
/	\$130.00 Filing Fee & Certificate of Status	Os155.00 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 Diagnity Company is:
AMA 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 102 NO DRIVE  CORAL SPRINGS FLORIDA  33076-1706  Mailing Address:  5056 NW 102 NO 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 KRAFY CPA  Name  10195 WEST SAMPLE ROAD  Florida street address (P.O. Box NOT acceptable)  CORAL SPRINGS, FL 3376  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.
Registered Agent's Signature (REQURED)
(CONTINUED)
Page 1 of 2

**MBR** Authorized Member **MGR** = Manager **AMBR** Authorized Member **AM	Title:	Name and Address:
WIGH = Manager    MAA M.   MAR   MAR		Name and Address.
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  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 Statutes at third degree felony as provided for in s. 817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$100.00 Certified Cony (Optional)		N
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Sec. 15.