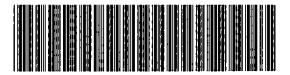
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



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06/06/14--01008--003 **125.00



COVER LETTER

TO:	Registration Division of (i Section Corporations		
SUBJI	ECT: <u>AMB In</u>	stallations. L.L.C. Name of Lin	mited Liability Company	
		of Organization and fee(s) a	_	
Please	return all corre	spondence concerning this m	natter to the following:	
	Adam M.	. Beatty	Name of Person	
	AMB Inst	tallations	Firm/Company	
	33 East (Center St.		
			Address	
	<u>Jupiter, F</u>	FL 33477	City/State and Zip Code	
ac	lamtile@gmai	l.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Adam	M. Beatty	at (808) 357-6899 Area Code Davtime Te	lephone Number
	14411	ac of reison	Area Code Daytine Te	repriore (varioe)
Enclose	ed is a check fo	or the following amount:		
3 \$125.0	0 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)
	N .4 - 1	Nima Addusas	Stungt/County Add	

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:	
AMB Installations, L.L.C.	
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
33 East Center St.	33 East Center St.
Jupiter, FL 33477	Jupiter, FL 33477
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida register.) The name and the Florida street address of the register.	own Registered Agent. You must designate an individual or ration.)
	150 R
33 East Center St	HOAM DEATTY
Na	ame /
Florida street address (P.O.	Box NOT acceptable)
Jupiter	FI 33477
City	Zip
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	

MGR" = Manager Adam M Beatty 33 East Center St. Jupiter, FL. 33477 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:		
Adam M Beatty 33 East Center St. Jupiter, FL 33477 (Use attachment if necessary) LE 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 605.023 (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 a first degree felony as provided for in s.817.155, F.S.) Typed or print/d name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Wellioet			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			Adam M Beatty		_
Use attachment if necessary) LE V: Effective date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) LE 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.) Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent			33 East Center St.		_
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			Jupiter, FL 33477		_
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		(Use attachment if necessive date, if of the continue of the c	(Use attachment if necessary) E V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.)	AMBR Adam M Beatty 33 East Center St. Jupiter, FL 33477 (Use attachment if necessary) E V: Effective date, if other than the date of filing:	Adam M Beatty 33 East Center St. Jupiter, FL 33477 (Use attachment if necessary) E V: Effective date, if other than the date of filing:

ARTICLE IV-