

L14 00 00 95881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

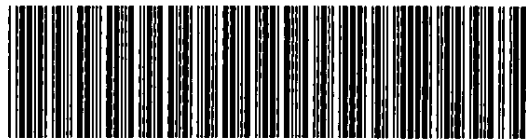
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 13 AM 9:05
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMS Cloud TO 593 LLC
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:

Linda Manfre
Name of Person

Magellan Group Investments
Firm/Company

11 S Swinton Avenue
Address

Delray Beach FL 33444
City/State and Zip Code

Linda.manfre@magellangroup.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Manfre at (561) 266-0845 X 117
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

AMS Cloud TO 593 LLC

(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:

11 S Swinton Avenue
Delray Beach FL 33444

Mailing Address:

11 S Swinton Avenue
Delray Beach, FL 33444

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:

Linda Manfre

Name

11 S Swinton Avenue

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33444

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.

Linda Manfre
Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 JUN 13 AM 9:05
STATE
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

MGR

MGR

MGR

MGR

Name and Address:

Declan Treacy

11 S Swinton Ave

Delray Beach FL 33444

Robert G. Fessler

11 S Swinton Ave

Delray Beach FL 33444

Lawrence E. Grogan

11 S Swinton Ave

Delray Beach FL 33444

David Weiss

11 S Swinton Ave

Delray Beach FL 33444

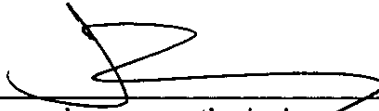
(Use attachment if necessary)

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.)

Declan Treacy, as VP Cloud Holding

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)

RECEIVED
JUN 13 AM 9:05
STATE OF FLORIDA
DEPARTMENT OF STATE