## L14000168217

(Re	equestor's Name)	
(Ac	Idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT ,	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
*	Office Use On	lv



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SECREMANY OF STATE
AND ANASSES FLORIDA

A Statement OCT 2. 9 2014

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations	*	
SURI	FCT- Ambrie	lle Home LLC.		
3000	LC1.	Name of Lin	nited Liability Company	
The er	nclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Barbara	Schramm		
			Name of Person	
	<del></del>		Firm/Company	
			т или сотрану	
	4320 15t	h Ave SW		<del></del>
			Address	
	Naples F	L 34116		
		C	City/State and Zip Code	
S	chrammc21@a		d for future annual report notifica	tion
		·	•	uion)
For fu	rther informatio	n concerning this matter, ple	ase call:	
Barba	ara Schramm	at (	239 ) 777 3958	
	Nan	ne of Person		lephone Number
El		a the following amounts		
_		r the following amount:	<b></b>	
<b>⅃</b> \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address	Street/Courier Add	ress
		istration Section sistemations	Registration Section Division of Corporat	ions
		Box 6327	Clifton Building	JULIO
		ahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLE 1 - Nan	ne:			
The name of the Li		mpany is:		
Ambrielle Home,	LLC.			
	(Must end with t	the words "Limi	ted Liability Company, "L.L.C	C.," or "LLC.")
ARTICLE II - Ad The mailing addres		ss of the principa	l office of the Limited Liabilit	ty Company is:
Principal Office A	ddress:		Mailing Address:	
11665 Collier Blv			PO Box 990357	
Naples FL 34116			Naples FL 34116	<del> </del>
another business e	ining with an active	_		
The name and the F	-	ess of the registe		
	Florida street addre	ess of the registe	red agent are:	<del></del>
	Florida street addre  Barbara Sch  4320 15th a	ess of the registe oramm Na ve SW	red agent are: me	
	Florida street addre  Barbara Sch  4320 15th a	ess of the registe oramm Na ve SW	red agent are: me Box <u>NOT</u> acceptable)	
	Florida street addre  Barbara Sch  4320 15th a	ess of the registe oramm Na ve SW et address (P.O. I	red agent are: me Box <u>NOT</u> acceptable) FL 34116	
The name and the F	Barbara Sch  4320 15th at Florida street	ess of the registe nramm Na ve SW et address (P.O. I	red agent are:  me  Box NOT acceptable)  FL 34116  Zip	
The name and the f  Having been name the place design capacity. I furthe	Barbara Sch  4320 15th a Florida stree Naples  ed as registered agenated in this certificer agree to comply d I am familiar with	ess of the registe oramm  Na  ve SW  It address (P.O. If  City  ent and to accept cate, I hereby accept the county and accept the Ch	red agent are: me Box <u>NOT</u> acceptable) FL 34116	ered agent and agree to act i e proper and complete perfo

Title: "AMBR" = Authorized Member "MGR" = Manager mgr  Barbara Schramm 4320 15th Ave SW Naples FL 34116  (Use attachment if necessary)  The Event Effective date, if other than the date of filing:  (OPTIONAL)  Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 er of filing.)  The 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  S125.00 Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$\frac{\f	the name and address of each person aut	thorized to manage and control the Limited Liability Company:
"MGR" = Manager  "Mortional )  "Mort		Name and Address:
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  Coptional  (OPTIONAL)  (Infective date is listed, the date must be specific and cannot be more than five business days prior to or 90 er 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 arn 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.)  Rawara Sharama  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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.)  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)		Barbara Schramm
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		Naples FL 34116
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	<del></del>	
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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)	LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  15.0203 (1) (b) The index of the penalties of perjury that the facts stated herein are true.  15.0203 (1) (b) The index of perjury that the facts stated herein are true.
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\$ 5.00 Certificate of Status (Optional)	LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infort constitutes a third degree felon  \$125.00 Filing Fee for Articles of Organical Constitutes and Constitutes are the	ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: