L150001950 PA

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600278965096

11/12/15--01038--005 **160.00

5 NOV 12 PH 2: 24 ECRETANT OF STATE IT ANASSEE FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMS Realty 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:
Jodi Snith Name of Person
AMS Realty LLC Firm/Company
11260 Jacana Court # 2010
Address
Fort Myers, FL 33908
Fort Myers, FL 33908 City/State and Zip Code jodi. K. Smith 2003 Egmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jodi Smith at (224) 223-2365 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

$\textbf{ARTICLES} \, \textbf{OF} \, \textbf{ORGANIZATION} \, \textbf{FOR} \, \textbf{FLORIDA} \, \textbf{LIMITED} \, \textbf{LIABILITY} \, \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company	is:		
Λ <	Realty	LL-C	
<u></u>		npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Li	mited Liability Company is:	
Principal Office Ad	ldress:	Mailing Address	2:
# 2010 Fort Myers, Fi	133908	#2010 Fort Myers, F	Court -C 339 08
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florid	e as its own Registered A		idual or
The name and the Florida street address of the	_		
	Jodi Sn	Court #2010	
	Name	4	
1126	20278C OG	Court # 2010	
_	treet address (P.O. Box 1		
fort	Myers +	L 33968 Zip	
	City State	Zip	
Having been named as registered agent and to place designated in this certificate, I hereby acc further agree to comply with the provisions of a am familiar with and accept the obligations of the control of the contr	cept the appointment as re all statutes relating to the p	gistered agent and agree to act in t proper and complete performance o	this capacity. I of my duties, and I
	Jodi &	mil	
	Registered Agent's	Signature (REQUIRED)	Ze J
	(CONTINI	U ED)	BU T
	Page 1 o	of 2	PH 2: 2

Title: "AMBR" = A	uthorized Member	Name and Address:	
"MGR" = Ma M G1 (L		Jodi Smith	.
		Fort Myers, FL 33968	#2010
			
(Use attachme	ent if necessary)		
FICLE V: Effective in effective date is date of filing.)	e date, if other than the date o listed, the date must be spec	f filing: $\frac{11/l+/l5}{l}$ (OPTIONAL) cific and cannot be more than five business days prior to or 90 decimals.	
TICLE V: Effective on effective date is date of filing.) te: If the date inser document's effective	e date, if other than the date o listed, the date must be spec ted in this block does not me we date on the Department of	eet the applicable statutory filing requirements, this date will not b	
FICLE V: Effective in effective date is date of filing.) te: If the date inser document's effective	e date, if other than the date o listed, the date must be spec ted in this block does not me we date on the Department of	eet the applicable statutory filing requirements, this date will not b	
TICLE V: Effective an effective date is date of filing.) te: If the date inser document's effective TICLE VI: Other p	e date, if other than the date o listed, the date must be spec ted in this block does not me we date on the Department of	eet the applicable statutory filing requirements, this date will not b	
TICLE V: Effective an effective date is date of filing.) te: If the date inser document's effective TICLE VI: Other p	e date, if other than the date o listed, the date must be spected in this block does not me we date on the Department of rovisions, if any. SIGNATURE: Signature of a men	et the applicable statutory filing requirements, this date will not be state's records. State's records.	
TICLE V: Effective an effective date is date of filing.) te: If the date inser document's effective TICLE VI: Other p	e date, if other than the date of listed, the date must be spected in this block does not me we date on the Department of rovisions, if any. Signature of a ment of this document is executed I am aware that any false is	set the applicable statutory filing requirements, this date will not be state's records.	
TICLE V: Effective an effective date is date of filing.) te: If the date inser document's effective TICLE VI: Other p	e date, if other than the date of listed, the date must be spected in this block does not me we date on the Department of rovisions, if any. Signature of a men This document is executed I am aware that any false it constitutes a third degree if	bet the applicable statutory filing requirements, this date will not be state's records. The state of a member of	
TICLE V: Effective an effective date is date of filing.) te: If the date inser document's effective TICLE VI: Other p	e date, if other than the date of listed, the date must be spected in this block does not me we date on the Department of rovisions, if any. Signature of a men This document is executed I am aware that any false it constitutes a third degree if	set the applicable statutory filing requirements, this date will not be state's records.	
TICLE V: Effective an effective date is date of filing.) te: If the date inser document's effective TICLE VI: Other part of the result of the	signature of a ment This document is executed am aware that any false is constitutes a third degree is	bet the applicable statutory filing requirements, this date will not be state's records. The state of a member of	

ARTICLE IV-