

**L16000175165**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000230982 3)))



H160002309823ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561) 650-0728  
Fax Number : (561) 671-2527

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rheinle@gunster.com

**FLORIDA LIMITED LIABILITY CO.  
novi AMS, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**EFFECTIVE DATE**

9/16/2016

*Do  
9/16/16*

*✓*

09/19/2016 09:39 FAX

GUNSTER YOAKLEY

003/006

850-617-6381

9/19/2016 8:42:13 AM PAGE 1/001 Fax Server



September 19, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GUNSTER, YOAKLEY & STEWART, P.A.

SUBJECT: AMS, LLC  
REF: W16000064473

the name of the submitted entity is  
"novi AMS, LLC" - we submit  
herewith a name use consent from  
the pre-existing entity "novi AMS,  
Inc."

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

The document number of the name conflict is P93000085985.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H16000230982  
Letter Number: 716A00019982

FILED  
16 SEP 16 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

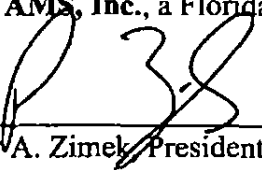
To Whom It May Concern:

This letter consent is being delivered in conjunction with the Articles of Organization of novi AMS, LLC. Please accept this letter as the written consent of novi AMS, Inc., a Florida corporation (the "Corporation"), Document Number P16000069232, to the registration of novi AMS, LLC as a Florida limited liability company despite any name conflict with the Corporation. I appreciate your assistance in this regard.

Sincerely,

Peter A. Zimek

I hereby certify that I am an authorized officer of novi AMS, Inc., as President, and have all power and authority necessary to give the written consent described herein.

novi AMS, Inc., a Florida corporation  
  
Peter A. Zimek, President

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 SEP 16 PM 3:15

FILED

H16000230982 3

**ARTICLES OF ORGANIZATION FOR  
novi AMS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is novi AMS, LLC.

**ARTICLE II  
ADDRESS**

The mailing address of the principal office of the Limited Liability Company is 13506 Summerport Vlg Pky., Suite 805, Windermere, Florida 34786 and the street address of the principal office of the Limited Liability Company is 13506 Summerport Vlg Pky., Suite 805, Windermere, Florida 34786.

**ARTICLE III  
DURATION**

The period of duration for the Limited Liability Company shall be as described in the Operating Agreement governing the Limited Liability Company.

**ARTICLE IV  
MANAGEMENT**

The Limited Liability Company is to be managed by its member and the name and address of the sole member of the Limited Liability Company are:

Traffic2Revenue, Inc.  
13506 Summerport Vlg Pky., Suite 805  
Windermere, Florida 34786

**ARTICLE V  
INITIAL REGISTERED OFFICE AND AGENT**

The address of the initial Registered Office of the Limited Liability Company is 13506 Summerport Vlg Pky., Suite 805, Windermere, Florida 34786, and the initial Registered Agent at such address is Peter A. Zimek.

TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

16 SEP 16 PM 3:16

FILED

H16000230982 3

IN WITNESS WHEREOF, the undersigned manager affirms that, under penalties of perjury, the facts stated herein are true, and the undersigned manager has executed these Articles of Organization this \_\_\_\_\_ day of September, 2016.

Traffic2Revenue, Inc., Member

By: \_\_\_\_\_

Peter A. Zimek, President

**ACCEPTANCE OF APPOINTMENT  
BY INITIAL REGISTERED AGENT**

**THE UNDERSIGNED**, an individual, having been named in Article V of the foregoing Articles of Organization as initial Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that he is familiar with, and hereby accepts, the obligations set forth in Section 605.0113, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to him as Registered Agent of the limited liability company.

DATED this \_\_\_\_\_ day of September, 2016.

Peter A. Zimek

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FILED  
16 SEP 16 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA