

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L17000067599  
FILED 8:00 AM  
March 24, 2017  
Sec. Of State  
ccave**

**Article I**

The name of the Limited Liability Company is:

AMS BENEFIT SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1112 KALMIA COURT  
FRUIT COVE, FL. US 32259

The mailing address of the Limited Liability Company is:

1112 KALMIA COURT  
FRUIT COVE, FL. US 32259

**Article III**

The name and Florida street address of the registered agent is:

HOWARD SMITH  
4540 SOUTHSIDE BLVD  
SUITE 202  
JACKSONVILLE, FL. 32216

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.

Registered Agent Signature: HOWARD SMITH

## **Article IV**

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The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ALEXANDRA M SHAFFER  
1112 KALMIA COURT  
FRUIT COVE, FL. 32259 US

Title: AMBR  
JOHN S SHAFFER  
1112 KALMIA COURT  
FRUIT COVE, FL. 32259 US

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.