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(Re	equestor's Name)	
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PICK-UP	■ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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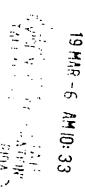
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED



MAR 07 TOTS Y SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 666779 7360917
AUTHORIZATION: Lines Bleve
COST LIMIT : \$160.00
ORDER DATE : March 5, 2019
ORDER TIME : 5:11 PM
ORDER NO. : 666779-005
CUSTOMER NO: 7360917
DOMESTIC FILING
NAME: AMBER POINTE PARTNERS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	Amber Pointe Partners. LLC		
SODVECT.		Limited Liability Company	
The enclos	ed Articles of Organization and fce(s	are submitted for filing.	
Please retu	rn all correspondence concerning thi	matter to the following:	
	James D. Palermo. Esq		
		Name of Person	
	DeBartolo Holdings, LLC		
		Firm/Company	
	15436 North Florida Avenue, Suite	200	
		Address	
	Tampa, Florida 33613		
		City/State and Zip Code	
-	E-mail address: (to be u	ed for future annual report notifi	cation)
For further in	nformation concerning this matter, pl	ase call:	
	James D. Palermo, Esq.	813 908-8400	
	Name of Person	Area Code Daytime Telepl	none Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corpo	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Co	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Amber Pointe Partne	ers. LEC			
	tain the words "Limited	Liability Company	. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal o	ffice of the Limited	d Liability Company is:	
<u>Princip</u>	pal Office Address:		Mailing Address:	
15436 North Florida Tampa, Florida 3361		_ _		
			. <u>. </u>	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own	Registered Agent.	ent's Signature: You must designate an individual	19 MAI
(The Limited Liability Company	y cannot serve as its own active Florida registratio	Registered Agent. nr.)	ent's Signature: You must designate an individual of the second s	MAR -
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. on.) I agent are:	You must designate an individual of AHASS	MAR-6
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent. on.) I agent are:	You must designate an individual of AHASSS	MAR -6 A
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent. on.) Lagent are: rvice Company Name	You must designate an individual of AHASSS	MAR -6 A
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registratio address of the registered Corporation Ser	Registered Agent. on.) I agent are: rvice Company Name et	You must designate an individual of AHASSS	MAR -6 A
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered Corporation Ser	Registered Agent. on.) I agent are: rvice Company Name et	You must designate an individual of LAHASSEE FLORE	MAR -6 A

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

> Roxanne Turner Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

$\frac{Title:}{\text{"AMBR"}} = A^{2}$	uthorized Member	Name and Address:	
"MGR" = Mai	nager	DK Amber Pointe, LLC 15436 North Florida Avenue, Suite 200 Tampa, Florida 33613	19 MAR -6 AM 11: 06
(Use attachme	nt if necessary)		
he date of filing.) Note: If the date inserte	ed in this block does not med e date on the Department of	filing:	
REQUIRED S	SIGNATURE:	L'ILakiu	
	Signature of a mem!	ber or an authorized representative of a member.	_
	This document is executed I am aware that any false in	in accordance with section 605.0203 (1) (b). Florida Statute: formation submitted in a document to the Department of Statellony as provided for in s.817.155, F.S.	s. e
		Adrienne C. Kendall 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)

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-