Page 1 of 2

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Account Number : I20090000001

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The enci-	osed Articles of Organization and fee(s) are st	ibmitted for filing.		
Please re	turn all correspondence concerning this matte	r to the following:		
	Brigette Hanna			
٠		Name of Person		
	Advocate Consulting Legal Group, PLLC	,	· .	
		Firm/Comралу		
	1300 N Westshore Blvd, Ste 220	· 		:
		Address	•**	,
	Tampa, FL 33607		· · ·	
	City brigetteh@advocstetax.com	/State and Zip Code	•	
	E-mail address: (to be used for	r fisture annual report notificati	on)	
For further	r information concerning this matter, please ca	il:		
	Brigette Harms 239	· 213-0066		٠, .
	Name of Person Area	Code Daytime Telephon	e Number	
Enclosed	is a check for the following amount:	. : : : : :		
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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Title: 'AMBR' = Authorized Member 'Milk' = Manager AMBR Stroder Partners, LLC. 3473 L2 Patients Are Servicing, Fl. 34342 (Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: In effective date is bited, the date must be specific and cannot be more than five business days prior to or 90 days after dates of filing. It if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Provision Pr	ARTICLE IV-	·	•			
Title: "AMBR" = Authorized Member "MGR = Manager AMBR Shroder Partners, LLC 3423 La Paloma Ave Sarsona, FL 34242 Sarsona, FL 34242 (OPFIONAL) In effective date, if other than the date of filing: In effective date is livited, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE: I am ever that any filis information submitted in a document to the Department of State constitutes a third degree fellow as provided for in \$317.155. F.S. Michael Shroder Typed or printed name of signee Elling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$3.00 Certified Copy (Optimal)		s of each person authoris	zed to manage and control the Limited	Liability Company:		
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