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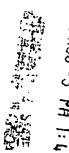
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### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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AMI SNOOK LOOF	KOUT, LLC			
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			LTD Partnership File	
			Foreign Corp. File	
			L.C. File	
			Fictitious Name File	
			Trade/Service Mark	
			Merger File	
			Art. of Amend. File	
			RA Resignation	
			Dissolution / Withdrawal	~
			Annual Report / Reinstatement	
			Cert. Copy	
			Рһою Сору	
			Certificate of Good Standing	
			Certificate of Status	
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August 6, 2020

CAPITAL CONNECTION, INC.

SUBJECT: AMI SNOOK LOOKOUT, LLC.

Ref. Number: W20000085793

We have received your document for AMI SNOOK LOOKOUT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist II

Letter Number: 120A00014765

FILED

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#### SECRETARY OF STATE TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION OF AMI SNOOK LOOKOUT, LLC (a Florida Limited Liability Company)

The undersigned executes these Articles of Organization to form a limited liability company under the laws of the State of Florida, and declares that the following articles shall serve as the charter and authority for the conduct of business of the limited liability company.

### ARTICLE I. NAME

The name of the limited liability company is AMI SNOOK LOOKOUT, LLC.

#### ARTICLE II.

The mailing address and street address of the principal office of the limited liability company is:

#### Principal Office Address:

#### Mailing Address:

12467 Highfield Circle Lakewood Ranch, FL 34202 12467 Highfield Circle Lakewood Ranch, FL 34202

## ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE

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

CARRIE MORALES 12467 Highfield Circle Lakewood Ranch, FL 34202

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 as provided for in chapter 605, Florida Statutes.

Registered Agent Signature

CARRIE MORALES, Member
(in accordance with Chapter 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

(in accordance with Chapter 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)