

L22000169635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

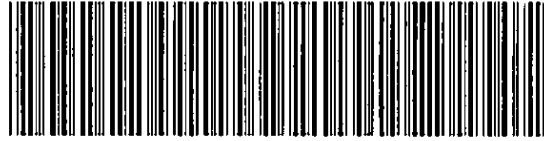
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR 22 PM 2:59

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/22/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1031296

ORDER ENTITY
AMS PARTNERS II LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

AMS PARTNERS II LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized
Email address for annual report reminders: filings@accumera.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Organization
Of
AMS Partners II LLC

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(Pursuant to Section 605.0201, Florida Statutes) SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of the Limited Liability Company is: **AMS Partners II LLC**
2. The street address of the principal office of the Limited Liability Company is:

8539 Gate Pkwy. W., Jacksonville, FL 32216
3. The mailing address of the Limited Liability Company is:

8539 Gate Pkwy. W., Jacksonville, FL 32216
4. The name and address of the registered agent is as follows:

Gigi W. Lam, 8539 Gate Pkwy. W., Jacksonville, FL 32216
5. The period of duration for the Limited Liability Company shall be perpetual.
6. The name and address of the person(s) authorized to manage the LLC:

Title: **Member**
Name: **Gigi W. Lam**
Address: **8539 Gate Pkwy. W., Jacksonville, FL 32216**

In Witness Whereof, this document is executed in accordance with section 605.0203 (1) (b).
Florida Statutes. I am aware that any 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.

Dated: April 22, 2022



Danielle Driscoll
Accumera LLC
Authorized Representative

Acceptance of Appointment as Registered Agent
of

AMS Partners II LLC

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

Dated: **April 22, 2022**

Gigi W. Lam
Gigi W. Lam, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL