

L23000524249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

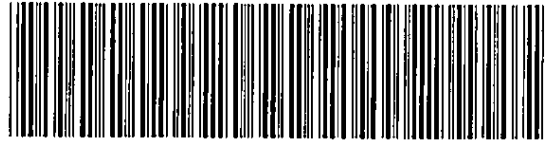
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900417570729

11/27/23--01003--005 \*\*125.00

RECEIVED

2023 NOV 27 AM 9: 29

SECRETARY OF STATE  
TAMI ALHASSSEL, FLORIDA

2023

11:41:12

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP: BROOK 11/22**

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**GS** \_\_\_\_\_

**XX FILING**

**LLC** \_\_\_\_\_

**1. AMPLIFY LAB SOLUTIONS, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
Amplify Lab Solutions, LLC**

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

**ARTICLE I — NAME:**

The name of the Limited Liability Company shall be: Amplify Lab Solutions, LLC (the "Company").

**ARTICLE II — ADDRESS:**

The mailing address and street address of the principal office of the Company shall be as follows:

**Physical Address**  
12450 Kirby Smith Rd.  
Orlando FL 32832

**Mailing Address**  
12450 Kirby smith Rd.  
Orlando FL 32832

**ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:**

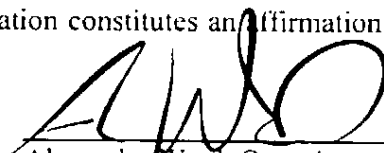
The address of the initial registered office of the Company in the State of Florida is 9100 Conroy Windermere Rd. Suite 200 Windermere FL 34786, and the name of the registered agent at such address is Dickens Wealth Management, LLC.

**ARTICLE IV – MANAGEMENT:**

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:

Alexander Ward  
12450 Kirby Smith Rd.  
Orlando FL 32832

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 21st day of November, 2023. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

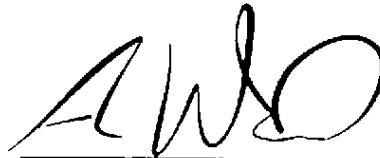
  
\_\_\_\_\_  
Alexander Ward, Organizer

2023  
Nov  
21  
4:12

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:  
  
Amplify Lab Solutions, LLC
  
2. The name and address of the registered agent and office is:  
  
Dickens Wealth Management, LLC  
9100 Conroy Windermere Rd. Suite 200  
Windermere FL 34786

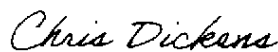


Alexander Ward, Organizer

November 21, 2023

DATE

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.



Chris Dickens VP

Printed Name: Dickens Wealth Management, LLC

11-22-23

DATE

2023

PM 4: