Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

AM Winter Haven, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

D. BRUCE

DEC 11 2009

EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	AM Winter Haven, LLC Name of Limited Limbility Company			
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in I ace, and check are submitted to register the above referenced foreign limited liability company to transa			
Please	return all correspondence concerning this matter to the following:			
	Brandon A.S. Ross, Esq.			
	Name of Person			
	Cummings & Lockwood LLC Firm/Company			
	3001 Tamiami Trail N, #400 Address	•		
	Naples, FL 34103	Eg	00	
	City/State and Zip Code	LAHA	09 DEC 10	7,1
For fur	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:	ARY OF		
	Brandon A.S. Ross, Esq. at (239) 390-8061 Name of Person Area Code & Daytime Telephone Number	STATE FLORIDA	AH 10: 04	Ç
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Cliffton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclos	sed is a check for the following amount:			
	\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & X \$160.00 Filing Certified Copy of Status &			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. AM Winter Haven, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 11/19/09 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2255 Glades Road, Suite 319A Boca Raton, Florida 33431 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follow Am Invest, LLC 2255 Glades Road, Suite 319A Boca Raton, Florida 33431 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: To acquire, own, hold, lease, develop, operate, manage, finance, refinance, sell, dispose of or otherwise deal with a parcel of property located in Winter Haven, Florida. altero Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) **Theodore Walters**

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
AM Winter Haven, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
Ronen Saban	09 D	**************************************
(Name)	DEC I	- 1.1
2255 Glades Road, Suite 319A	SS O	1
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AM ID: 04 OF STATE EE. FLORIE	
Boca Raton FL 33431	10 115 115)
City/State/Zip	RIDA	<u>'</u>
Having been named as registered agent and to accept service of process for the above stated limitability company at the place designated in this certificate, I hereby accept the appointment as reagent and agree to act in this capacity. I further agree to comply with the provisions of all statut relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)	egistered 'es	

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AM WINTER HAVEN, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AM WINTER HAVEN, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4755509 8300

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You may verify this certificate onling at corn delaware dow/author shim! Jeffrey W. Bullock. Secretary of Stal

DATE: 12-03-09