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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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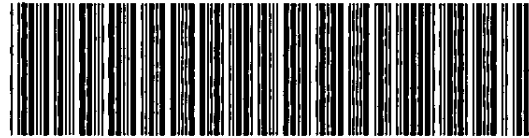
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers NOV 21 2014



ATTORNEYS AT LAW

Scott St. Amand

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Jacksonville, Florida 32207

904 . 398 . 3911 Main
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November 13, 2014

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: AMCS Development, LLC – Application by Foreign Limited Liability
Company for Authorization to Transact Business in Florida**

To whom it may concern:

Enclosed please find the following documents:

1. One (1) completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. One (1) Designation of a Registered Agent;
3. One (1) True and certified copy of the South Carolina Articles of Organization of Griffin Heights, LLC;
4. One (1) Certified copy of the Certificate of Existence for AMCS Development, LLC;
5. One (1) Certified copy of the Certificate of Existence for Griffin Heights, LLC; and
6. One (1) check in the amount of One Hundred and Twenty Five Dollars and No/100 (\$125.00) representing the filing fee for the Application as well as the designation of a registered agent.

Should you have any questions regarding the above documents, please do not hesitate to contact me.

Most sincerely,

A handwritten signature in black ink, appearing to be "S. Amand", written over the typed name "Scott St. Amand".

Scott St. Amand

Enclosures

JAX\1909009_1

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **AMCS Development, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **South Carolina**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. **12/1/2014**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **2745 Canter Lane, Johns Island, South Carolina 29455**

(Street Address of Principal Office)

6. **2745 Canter Lane, Johns Island, South Carolina 29455**

(Mailing Address)

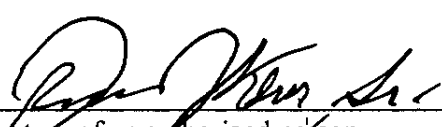
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

James J. Kerr, Sr., manager

2745 Canter Lane, Johns Island, South Carolina 29455

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. 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)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

James J. Kerr, Sr.

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

AMCS Development, 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:

Charles R. Curley, Jr.

(Name)

1301 Riverplace Boulevard, Suite 1500

Florida Street Address (P.O. Box NOT ACCEPTABLE)

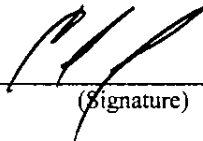
Jacksonville

FL 32207

City/State/Zip

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TALLAHASSEE, FLORIDA

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.



(Signature)

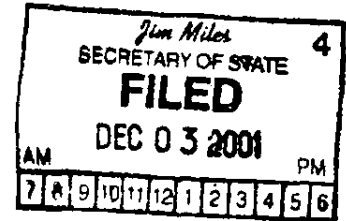
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

OCT 30 2014

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA



TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Section 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is

Griffin Heights, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

2745 Canter Lane

Street Address

Johns Island

29455

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

James J. Kerr, Sr

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

2745 Canter Lane

Street Address

Johns Island

29445

City

Zip Code

4. The name and address of each organizer is

James J. Kerr, Sr.

Name

Telephone Number

2745 Canter Lane

Street Address

City

Johns Island

29445

State

Zip Code

Name

Telephone Number

Street Address

City

State

Zip Code

Griffin Heights, LLC
Name of Limited Liability Company

5. ☒ Check this box only if the company is to be a term company. If so, provide the term specified:

December 31, 2051

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a)

Name Telephone Number

Street Address City

State Zip Code

(b)

Name Telephone Number

Street Address City

State Zip Code

(c)

Name Telephone Number

Street Address City

State Zip Code

(d)

Name Telephone Number

Street Address City

State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members

Griffin Heights, LLC

Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement

No member or manager has the authority to transfer or affect any interest in real property of the Company except as authorized in the Operating Agreement and/or an Affidavit of Authority executed by the members or managers and recorded in the county where the real property is located.

10. Signature of each organizer:

James J. Kerr Sr.

James J. Kerr, Sr.

11/29/01

Date

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

GRIFFIN HEIGHTS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 3rd, 2001, with a duration that is until December 31st, 2051, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
27th day of October, 2014.

A handwritten signature in cursive script that reads 'Mark Hammond'. Below the signature is a horizontal line, and underneath that line, the text 'Mark Hammond, Secretary of State' is printed.

Mark Hammond, Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AMCS DEVELOPMENT, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 10th, 2010, with a duration that is until December 31st, 2099, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

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SECRETARY OF STATE
TAMMASEE, FLORIS

Given under my Hand and the Great
Seal of the State of South Carolina this
27th day of October, 2014.

Mark Hammond
Mark Hammond, Secretary of State