

13042

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0303

From:
Account Name : RICHARD G. COKER, JR., P.A.
Account Number : I20010000145
Phone : (954)761-3636
Fax Number : (954)761-1818

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ABBC Investments LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

ABBC Investments LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

1314 E. Las Olas Blvd.
Fort Lauderdale, FL 33301.

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management
(Check and complete the appropriate statement)**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Bryant T. Church, 1314 E. Las Olas Blvd., Fort Lauderdale, FL 33301

Robert Park, 1314 E. Las Olas Blvd., Fort Lauderdale, FL 33301



Signature of a member or authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

ABBC Investments LLC

2. The name and address of the registered agent and office is:

Rod A. Feiner

(Name)

1404 South Andrews Avenue

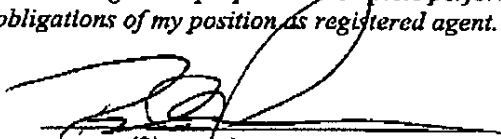
(P.O. Box or Mail Drop Box NOT acceptable)

Fort Lauderdale, FL 33316

(City/State/Zip)

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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.


(Signature)

1/6/06
(Date)

Filing Fee: \$35.00 for Designation of Registered Agent

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