

# L14000003396

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000003628 3))) Effective Date Jan. 06, 2014



H140000036283ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

14 JAN -7 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
AbaCode, LLC

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

3

T. Burch JAN 08 2014

RECEIVED  
14 JAN -7 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(H14000003628 3)

**ARTICLES OF ORGANIZATION  
OF**

**AbaCode, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is AbaCode, LLC.

**ARTICLE II - Address: Effective Date** Jan. 06, 2014

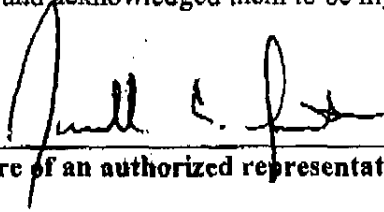
The street and mailing address of the principal office of the Limited Liability Company is:

101 East Kennedy Boulevard, Suite 2800  
Tampa, Florida 33602

**ARTICLE III - Effective Date:**

The effective date of these Articles of Organization shall be January 6, 2014.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 7<sup>th</sup> day of January, 2014.



Signature of an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, 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 section 817.155, Florida Statutes)

Darrell C. Smith, Esquire  
Typed or printed name of signee

(H14000003628 3)

RECORDED  
TALLAHASSEE, FLORIDA  
14 JAN -7 AM 9:01

(H14000003628 3)

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

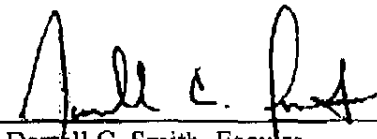
PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is AbaCode, LLC.
- 2. The name and the Florida street address of the registered agent are:

Darrell C. Smith, Esquire  
 101 East Kennedy Boulevard, Suite 2800  
 Tampa, Florida 33602

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA  
 14 JAN -7 AM 8:01

*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.*



Darrell C. Smith, Esquire  
 Registered Agent

(H14000003628 3)