

L14000062217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

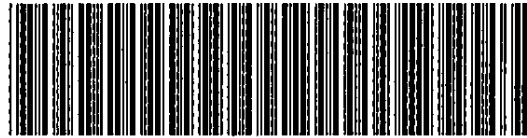
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 16 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ABP Development, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela Bozo  
Name of Person

\_\_\_\_\_  
Firm/Company

878 Lavender Cir  
Address

Weston, FL 33327  
City/State and Zip Code

danielaboza@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Bozo at ( 954 ) 2054513  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>Roxangell Bozo</u> <u>878 Lavender Cir</u> <u>Weston, FL 33327</u>
<u>AMBR</u>	<u>Maria Beatriz Alfaro</u> <u>2700 Glades Cir, suite 128</u> <u>Weston, FL 33327</u>
<u>MGR</u>	<u>Eduardo Bozo</u> <u>878 Lavender Cir</u> <u>Weston, FL 33327</u>
<u>MGR</u>	<u>Jorge Yilo</u> <u>2700 Glades Cir, Suite 128</u> <u>Weston, FL 33327</u>

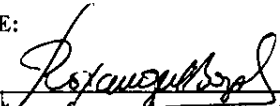
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

Additional MGR: Daniela Bozo  
878 Lavender Cir  
Weston, FL 33327

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of ~~a member or 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 s.817.155, F.S.)

Roxangell Bozo  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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