# 22000000618

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETALY OF STATE 2022 JAN -3 PH 12: 37

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# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 1/3/22	<del></del>		**WALK IN**
ENTITY NAME Abras	sive Advisory LLC		
DOCUMENT NUMBER	₹		
	**PLEASE FILE	THE ATTACHED AND RETURN**	
<del>VV /Y</del>	Plain Copy		
	Certified Copy  Certificate of Status		
	**PLEASE OBTAIN THE	F FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Art		
	• • • •	ts & Amendments Complete File (Including Annual Rep	orts)
	Certificate of Status Certificate of Status	Reflecting:	
	**APOSTILLE'/	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION		_
NUMBER OF CERTIFICA	ATES REQUESTED		_
TOTAL OWED \$ / 5	5	ACCOUNT # 120140000108 / United Corporate Services, Inc. Any issues or concerns, Thank you so	thepparl
Please call Tina at t	the above number for	any issues or concerns. Thank you so	much!

### **COVER LETTER**

	ew Filing Se- ivision of Co			
SURIFCT	Abrasive A	Advisory LLC		
SOBJECT	' <del></del>	Name of Lin	ited Liability Company	
The enclose	ed Articles o	Organization and tee(s) are	submitted for filing.	
Please retu	rn all corresp	ondence concerning this ma	tter to the following:	
	DOLORES	BURTON		
			Name of Person	
	UNITED C	ORPORATE SERVICES, I	NC.	
			Firm/Company	
	100 STATE	STREET, SUITE 800		
			Address	
	ALBANY,	NY 12207		
	inhand Onno		ity/State and Zip Code	
-	richard@mw	·	for future annual report notificati	on)
For further in		oncerning this matter, please	call:	
	Nan		ea Code Daytime Telephon	
Enclosed is	a check for t	he 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)
	New F Divisi P.O. E	ng Address Gling Section on of Corporations Box 6327 assee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, Fl. 3230	issee et, Suite 810

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



A	$\mathbf{R}^{\prime}$	Ш	CI	E.	I -	Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FL

Abrasive Advisory LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

<u>Prir</u>	Principal Office Address:		Mailing Address:	
2353 Golf Brook Drive		235	2353 Golf Brook Drive	
Wellington, FL 3	Wellington, FL 33414		llington, FL 33414	
e Limited Liability Com-	and the second commencer and the second	Davietarad Amont	37 . 1	
her business entity with	an active Florida registration reet address of the registered Richard Werdiger	n.)	You must designate an individual or	
her business entity with	an active Florida registration	n.)	You must designate an individual of	
her business entity with	an active Florida registration	agent are: Name	You must designate an individual of	
ther business entity with	an active Florida registration reet address of the registered Richard Werdiger	n.) agent are: Name		
ther business entity with	an active Florida registration reet address of the registered Richard Werdiger  2353 Golf Brook Driv	n.) agent are: Name		

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, F.S..

/s/ Richard Werdiger	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Richard Werdiger 2353 Golf Brook Drive Wellington, FL 33414
AMBR	Anne Werdiger 2353 Golf Brook Drive Wellington, FL 33414
	SECRETARY OF STAT TALLAHASSEE, FL
(Use attachment if necessary)	OF STATE
f an effective date is listed, the date must be ne date of filing.)	date of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ Richard Werdiger	
Signature of a This document is ex I am aware that any	a member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Richard Were	
	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)