

123000234985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

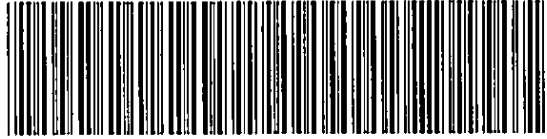
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



*Handwritten signature*

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04/25/03--01003--016 \*\*180.00

2003 APR 25 AM 9:26  
SECRETARY OF STATE  
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: A.B.M.&T.L.L. Cleaning Service 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:

Antonio Murray

Name of Person

A.B.M.&T.L.L. Cleaning Service LLC

Firm/Company

4213 9th Street East

Address

Bradenton, FL 34208

City/State and Zip Code

Tropak38@aol.com

antonio.murray96@gmail.com

(e-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call.

Antonio Murray

at

941

405-3371

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  
New Filing Section  
Division of Corporations  
P.O. Box 9327  
Tallahassee, FL 32310

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 500  
Tallahassee, FL 32303

2002 APR 25 AM 8:26  
SECRETARY OF STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

A.B.M. EIT Consulting Services, LLC  
A Limited Liability Company of Florida

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4213 9th Street East  
Bradenton, FL 34208

4213 9th Street East  
Bradenton, FL 34208

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot act as its own Registered Agent. You must designate an individual or another business entity with a valid Florida registration.)

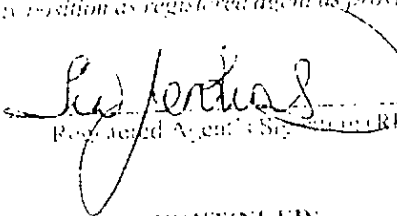
The name and the Florida street address of the registered agent are:

Antonio Murray  
Name

4213 9th Street East  
Principal Office Address (P.O. Box 2021 acceptable)

City: \_\_\_\_\_ State: FL Zip: 34208

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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 APR 25 AM 8:26  
SUNNYVALE STATE  
RECORDS & ADMINISTRATION

ARTICLE IV-

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

Title:

Name and Address:

"AMGR" - Authorized Member

"MGR" - Manager

AMGR -----

Antonio Murray  
4213 9th Street East  
Bradenton, FL 34208

AMBR -----

Tia Jenkins  
4213 9th St East  
Bradenton, FL 34208

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(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b) Florida Statutes. 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.

Antonio Murray

Typed or printed name of signer

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)

2023 APR 25 AM 8:26  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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