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DIVISION OF CORPORATIONS  
09 OCT -6 AM 10:47

T. HAMPTON

OCT -7 2009

EXAMINER

28864-607

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ABBOTT'S GENUINE LIFESTYLE CONCIERGE, LLC**

Name of Limited Liability Company

(DBA) A G LifeStyle Concierge, LLC

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

Please return all correspondence concerning this matter to the following:

Virginia D. Abbott

Name of Person

ABBOTT'S GENUINE LIFESTYLE CONCIERGE, LLC (DBA) AG LifeStyle Concierge

Firm/Company

10350 62nd Terrace North

Address

Seminole, FL 33772

City/State and Zip Code

ginnyabbott@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia D. Abbott

Name of Person

at (

727

)

434-0948

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 OCT -6 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 1, 2009

VIRGINIA D ABBOTT  
10350 62ND TERRACE NORTH  
SEMINOLE, FL 33772

SUBJECT: ABBOTT'S GENUINE LIFESTYLE CONCIERGE, LLC DBA AG  
LIFESTYLE CONCIERGE, LLC  
Ref. Number: W09000043832

We have received your document for ABBOTT'S GENUINE LIFESTYLE CONCIERGE, LLC DBA AG LIFESTYLE CONCIERGE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 809A00031857

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ABBOTT'S GENUINE LIFESTYLE CONCIERGE, LLC.

(Must end with 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:

#### Principal Office Address:

10350 62nd Terrace North

Seminole, FL 33772

#### Mailing Address:

13799 Park Blvd N.

Suite 277

Seminole, FL 33776-3402

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

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

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

Virginia D. Abbott

Name

10350 62nd Terrace North

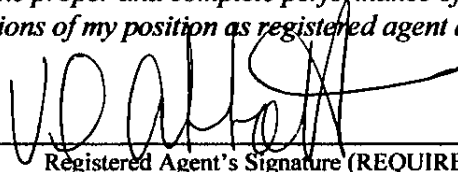
Florida street address (P.O. Box NOT acceptable)

Seminole, FL 33772

FL

City, State, and Zip

*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 608, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Virginia D. Abbott

10350 62nd Terrace North

Seminole, FL 33772

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

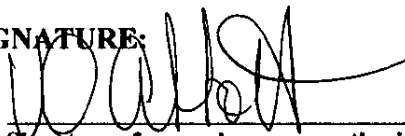
\_\_\_\_\_

(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.)

**REQUIRED SIGNATURE:**



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

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

Virginia D. Abbott

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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DIVISION OF CORPORATIONS  
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