

L12000095328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

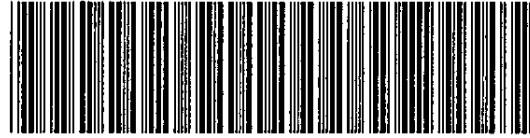
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/12--01001--001 **155.00

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12 JUL 23 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Sullivan JUL 24 2012

194 CLAYTON BRANCH
LOUISA, KY 41230

FROM THE DESK OF
PAUL CONNOR

304-617-9601

July 14, 2012
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is the paperwork of Articles of Organization for a new LLC. If there are any problems or concerns with the forms that need correction, please let me know.

Thank You,



Paul Connor

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABCP- Endeavors , 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:

PAUL CONNOR

Name of Person

ABCP- ENDEAVORS , LLC

Firm/Company

1395 BRICKELL AVE SUITE 800

Address

MIAMI FL 33131

City/State and Zip Code

PAUL @ ABCP- ENDEAVORS. COM

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

For further information concerning this matter, please call:

PAUL CONNOR

Name of Person

at (304) 648 617-9601

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABCP - ENDEAVORS, LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

ABCP- ENDEAVORS, LLC
1395 BRICKELL AVE SUITE 800
MIAMI FL 33131

Mailing Address:

ABCP- ENDEAVORS, LLC
1395 BRICKELL AVE SUITE 800
MIAMI FL 33131

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.)

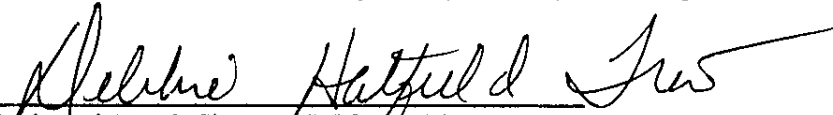
The name and the Florida street address of the registered agent are:

CHART THE COURSE, LLC DEBBIE HATFIELD TRENT
Name

2100 8TH AVE SW
Florida street address (P.O. Box NOT acceptable)

LARGO FL 33770
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)

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:

MGR

BRANDON ALLEN

2460 COLLIS AVE APT 2
HUNTINGTON WV 25703

MGR

PAUL CONNOR

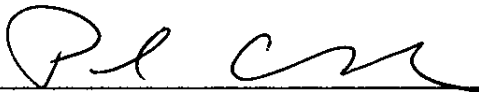
194 CLAYTON BRANCH
LOUISA KY 41230

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07-20-2012. (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. 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.)

PAUL CONNOR

Typed or printed name of signee

FILED
12 JUL 23 AM 10 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)