

Original Form 1
L 000000001156
TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ABC ENTERPRISES, L.L.C.
(Proposed limited liability company name - must include suffix)

300003115383--3
-01/31/00--01012--007
****125.00 ****125.00

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.
Please send one check for the total amount made payable to the Florida Department of State.

FROM: PATRICIA WILSON
Name (Printed or typed)

1401 S. RIVERSIDE DRIVE
Address

INDIALANTIC, FL 32903
City, State & Zip

321-722-3340
Daytime Telephone number

FILED
00 JAN 31 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed find money
order for \$125.00
and extra copy of
the articles.

Please stamp extra
copy with "filing date"
and return along with
articles ASAP in prepaid
Airborn Express envelope.

Thanking you in
advance,

P. Wilson

00 JAN 31 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABC ENTERPRISES, L.L.C.

ARTICLE II - Address:

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

1401 S. RIVERSIDE DRIVE
INDIALANTIC, FL. 32903

ARTICLE III - Registered Agent

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

PATRICIA WILSON
1401 S. RIVERSIDE DRIVE
INDIALANTIC, FL. 32903

ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.
☒ The Limited Liability Company is to be managed by the members.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Patricia Wilson

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

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

PATRICIA WILSON

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ABC ENTERPRISES L.L.C.

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

PATRICIA WILSON
NAME

1401 S. RIVERSIDE DRIVE
Florida street address (P.O. Box **NOT** ACCEPTABLE)

INDIALANTIC, FL 32903
CITY, STATE AND ZIP

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patricia Wilson
SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent