# Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG

Account Number : 119990000180
Phone : (305)357-5775
Fax Number : (305)357-5534

AL I

# LIMITED LIABILITY COMPANY

American Business Center, LLC

Certificate of Status	O D
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

American Business Center, LLC

### ARTICLE II - Address:

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

40306 Fisher Island Driver Fisher Island Minni, Plorida 33109

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

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

David Shear
Name

201 Alhambra Circle, Suite 601

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

Coral Gables, Florida 33134
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 froper of a complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent of provided for in Chapter 608, F.S.

Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additio	onal article must be added it articles	tive date is requested)
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	Mauricio Cohen Typed or printed name of signee	