# <u>Lo2000003847</u> Requester's Name

## GEORGE E. SHIERLING

CERTIFIED PUBLIC ACCOUNTANT AND CONSULTANT
228 WEST NEW YORK AVENUE
DELAND, FLORIDA 32720

000004797800--2 -01/25/02--01048--007 \*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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4(Corporation Name)	(Document #)	or and a second of the second
Walk in Pick up time  Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Directors Change of Registered Agent Dissolution/Withdrawal  Merger  Certified Copy  Certificate of State  Resignation  Control  Co	is
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials	3

CR2E031(7/97)



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 31, 2002

GEORGE E. SHIERLING 228 W NEW YORK AVE DELAND, FL 32720

SUBJECT: ACCOUNTING BUSINESS ADVISORS, LLC

Ref. Number: W02000002911

We have received your document for ACCOUNTING BUSINESS ADVISORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return 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) 245-6043.

Shawn Logan Document Specialist

Letter Number: 202A00006066



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

ACCOUNTING BUSINESS ADVISORS, LLC

#### **ARTICLE II - Address:**

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

228 WEST NEW YORK AVENUE

DeLand, Florida 32720

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

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

GEORGE E. SH	IERLIN	IG		
ZZSXWKSXXXNE	WXXX	hvex		
228 WEST NEW	YORK	AVENUE		
Florida street add	ress (P.C	). Box <u><b>NO</b></u>	T acceptable)	
DeLand	-	FL	32720	
(	ity. State	e, and Zin	_	

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..

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.

BRETT P. SLOAN II

(An additional article must be added if an effective date is requested)

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.)

BRETT P. SLOAN II

Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)