

LO2000032951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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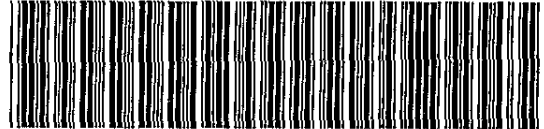
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO2-32951  
CR

**ABP, LLC**  
**335 Flagler Blvd.**  
**Lake Park, FL 33403**

December 5, 2002

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: ABP, LLC

To Whom It May Concern:

Enclosed are the Articles of Organization for Florida Limited Liability Company along with a check in the amount of \$125.00 for the Filing Fee and Designation of Registered Agent.

Thank you in advance for your assistance in this matter, if you have any questions or require any further information, please contact me at 561-863-3337.

Sincerely,

*William Keeton*

William Keeton

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ABP, LLC

## ARTICLE II - Address:

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

210 BILL KEETON  
335 FLAGLER BLVD.  
LAKE PARK, FL 33403

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

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

WILLIAM KEETON

Name

335 FLAGLER BLVD.

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

LAKE PARK, FL 33403

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.

William Keeton

Registered Agent's Signature

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

William Keeton

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.)

WILLIAM KEETON

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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