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02 DEC 17 PM 1:00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/16/02--01046--023 **155.00

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December 6, 2002

FILED

02 DEC 17 PM 4:00

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: ABL, LLC Filing

Gentlepersons:

Enclosed please find two executed Articles of Organization for ABL, LLC, and our check for \$155.00 for Filing Fee, Designation of Registered Agent, and a Certified Copy.

My address is: 3 Grove Isle Drive, Suite #503, Coconut Grove, FL 33133.
My daytime telephone number is: 305-690-6888 ext. 226.

Thank you.

Sincerely,



Benjamin S. Feinswog

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
ABL, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3 Grove Isle Drive, Suite #503, Coconut Grove, Florida 33133

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

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

Benjamin S. Feinswog

Name

3 Grove Isle Drive, Suite #503

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

Coconut Grove

FL 33133

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

(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.)

Benjamin S. Feinswog

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)