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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ABKE LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Amy S. Mayers (Name of Person)	
ABKE LLC (Firm/Company)	
5724 South Lagoon Drive	· · · · · · · · · · · · · · · · · · ·
Panama City Beach, FL 32408 (City/State and Zip Code)	- -
For further information concerning this matter, please call:	Ħa.
Amy S. Mayers at (850) 230 – 1126 (Area Code & Daytime Telephone Number)	LLAHASSEE
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314	G STAE E PLORIDA

CR2E047(10/02)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ABKE LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa 5724 South Lagoon Drive, Panama Cut FL 32408 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		æ
The name and the Florida street address of the registered agent are: Amy Mayers Name 5724 S. Lagoon Drive Florida street address (P.Q. Box NOT acceptable) Panama Gty Back 3408 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated l 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 provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature	s is of al	
(An additional article must be added if an effective date is requested) Amy S. Mayers Signature of a member or an authorized representative of a member.	00 MAR -L AH 9: 16	ALED
(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.) 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)