

LO4 0000 25127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

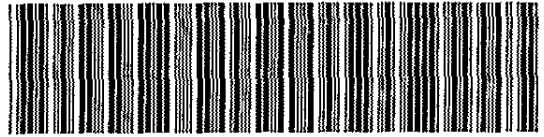
(Business Entity Name)

(Document Number)

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

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04 MAR '05 14:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LO4-25127  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABILISYS Ltd Co.  
(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:

JOE POWERS  
(Name of Person)

ABILISYS  
(Firm/Company)

5005 Torrey Hills Lane  
(Address)

LUTZ, FL 33558  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE POWERS at 813 962-6703  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ABILISYS Ltd CO.

**ARTICLE II - Address:**

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

**Principal Office Address:**

5005 Torrey Hills Lane  
LUTZ, FL 33558

**Mailing Address:**

5005 Torrey Hills Lane  
LUTZ, FL 33558

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

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

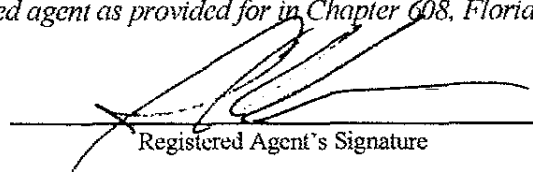
Jon POWERS  
Name  
5005 Torrey Hills Lane  
Florida street address (P.O. Box NOT acceptable)  
LUTZ FLORIDA 33558  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JEFF POWERS  
13620 LAKE Magdalene Blvd  
Unit 609 TAMPA, FL 33618

MGRM

ERIK Eggleston  
1833 Leafwood Circle  
LUTZ, FL 33558

MGRM

JOE POWERS  
5005 Torrey Hills Lane  
LUTZ, FL 33558

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

JOE POWERS

Typed or printed name of signer

**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

04 MAR '15 PM 1:01

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