

LO4000040663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

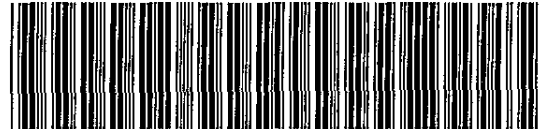
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700037008077

05/24/04--01041--002 **160.00

FILED
MAY 24 2004
TALLAHASSEE, FLORIDA

LO4-40663
AL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABBASON HOLDING, 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:

KIM E. MULLIGAN, PHD
(Name of Person)

ABBASON HOLDING, LLC
(Firm/Company)

127 W. FAIRBANKS AVE #452
(Address)

WINTER PARK FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

KIM E. MULLIGAN at (407) 766 0882
(Name of Person) (Area Code & Daytime Telephone Number)

RECEIVED
TALLAHASSEE
FLORIDA

01 MAY 04 11:23

FILED

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:

ABBASON HOLDING, LLC

ARTICLE II - Address:

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

Principal Office Address:

127 W. FAIRBANKS AVE
#452
WINTER PARK FL 32789

Mailing Address:

127 W. FAIRBANKS AVE
#452
WINTER PARK FL 32789

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

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

Kim E. MULLIGAN, PhD
Name
127 W. FAIRBANKS AVE #452
Florida street address (P.O. Box NOT acceptable)
WINTER PARK FLORIDA 32789
City, State, and Zip

SECRET
TALLAHASSEE, FLORIDA

04 MAY 23 11 2:23

FILED

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.

K. Mulligan
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

Kim E. MULLIGAN, PhD
127 W. FAIRBANKS AVE #452
WINTER PARK FL 32789

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

K. Edlley
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.)

Kim E. MULLIGAN
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

04 MAY 24 PM 2:21

FILED