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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (877) 527-3463
Fax Number : (305) 675-2811

TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

AB Advisors Group LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
AB Advisors Group LLC

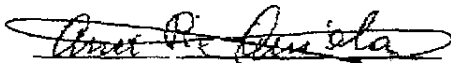
ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability
17150 Arvida Pkwy, Suite 4
Weston, FL 33326

**ARTICLE III REGISTERED AGENT, REGISTERED
OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent
Ana R. Arriola
998 Golden Cane Dr.
Weston Florida 33327

Having been named as registered agent to accept service of process for the above
stated 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 all 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

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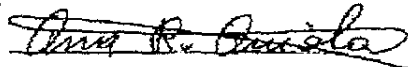
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ARTICLE IV

The name and address of the managing member of the LLC is:

Ana R. Arriola
998 Golden Cane Dr.
Weston Florida 33327

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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.

Ana R. Arriola

Typed or printed name of signee

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