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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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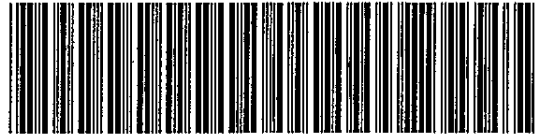
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

09/09/04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abundant Outlook, 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:

Sheila A Modas
(Name of Person)

Prof Financial Accounting Incl
(Firm/Company)

P.O. Box 21723

(Address)

Ft. Lauderdale Fl 33335

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel A Modas at (954) 763-2960
(Name of Person) (Area Code & Daytime Telephone Number)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Abundant Outlook, LLC

ARTICLE II - Address:

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

Principal Office Address:

9110 Pinto Drive
Lake Worth Fl 33467

Mailing Address:

9110 Pinto Drive
Lake Worth Fl 33467

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

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

Daniel A Modas

Name

1215 SE 2 Ave # 202

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

Ft Lauderdale FL 33316

City, State, and Zip

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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, F.S..

Daniel A Modas
Registered Agent's Signature

(CONTINUED)

EFFECTIVE DATE
09/01/04

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:

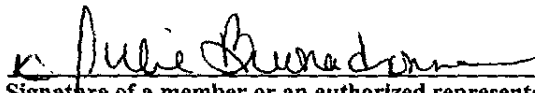
<u>MGR</u>	<u>Julie Buonadonna</u>
	<u>9110 Pinto Drive</u>
	<u>Lake Worth Fl 33467</u>
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(Use attachment if necessary)

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

ARTICLE V: Effective date September 1, 2004

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.)

Julie Buonadonna

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)

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