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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		

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TRANSMITTAL LETTER

TO: 'Registration Section' Division of Corporations	<u> </u>
SUBJECT: Abner + Kel	Liability Company)
The enclosed Articles of Organization and fee(s) are st	abmitted for filling.
Please return all correspondence concerning this matte	r to the following:
Wendy A	Name of Person)
Abner + Ke	Pirm/Company)
5747 43rd	(Address)
Braden for	$\frac{1}{1}$ State and Zip Code)
For further information concerning this matter, please	cali:
Wender Abnew (Name of Person)	at (911) 7570-4750 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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:		-
Abner a Kelly, LC	<u></u> .	AMAN TIME TO
	- 	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	Liability Company i	is:
Principal Office Address: Mailing Address:		
GAVA-VZVC CALLY FAST		-
Bradenton Horida		
34203	·	A 15
ARTICLE III - Registered Agent, Registered Office, & Registered Agent	r's Signature:	
The name and the Florida street address of the registered agent are:		
Wendy Ahner	_	age of the second
Name	, (
5747 43°C Count &	ast	
Florida street address (P.O. Box NOT acceptable)	T. O	
Bradenton of 34203	•	-
City, State, and Zip		
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept		ea
registered agent and agree to act in this capacity. I further agree to comply with		all
statutes relating to the proper and complete performance of my duties, and I d	am familiar with and	
accept the obligations of my position as registered agent as provided for in	Chapter 608, F.S.	
Warsh Alexa.		
Registered Agent's Signature	4. 3	
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	2005 AUG 17 PH 2: TALLAH KSSEE, FLOT	A STATE OF THE STA
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) Typed or printed name of signee

Filing Fees:

125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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