105006095775

(Reque	estor's Name)		
(Addre	ss)		
(Addre	ss)		
(City/S	tate/Zip/Phor	ne #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Docur	nent Number)	
Certified Copies	Certificate	s of Status	
Special Instructions to Fili	ng Officer:		

Office Use Only



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SECRETARY OF STATE
TANI AHASSEE, FLORING

Tibripala SEb 50 SUR

COVER LETTER

Division of Co				
_{SUBJECT:} Abbat	e Building Compar	ry, LLC		
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
<u>Boban Al</u>	obate			_
	(Name of Person)	-	-
Abbate B	uilding Company,	LLC		_
	(Firm/Company)		•
1451 3rd	Ct.			
		(Address)		-
Vero Bea	ach, Fl 32960			
·	(City	/State and Zip Code)		-
For further information	concerning this matter, please	call:	A S	05
Boban Abbate		at (248) 444-09	다. 131 고감 고감	野田
(Name	of Person)	(Area Code & Daytime 1	Felephone Number)	2 2 E
Enclosed is a check for	or the following amount:		برا (برار (برار)	A PER S
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)	FILEU FILEU FIATE,
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Abbate Building Company, LLC	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Abbate Building Company, LLC	Abbate Building Company, LLC
1451 3rd Ct.	1451 3rd Ct
Vero Beach, Fl 32960	Vero Beach, FI 32960
The name and the Florida street address of the r Boban Abbate Name	registered agent are:
1451 3rd Ct.	ORI
	dress (P.O. Box NOT acceptable)
Vero Beach	FL 32960
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Boban Abbate 1451 3rd Ct. Vero Beach, Fl 32960	
		<u> </u>
		
(Use attachment if necessary)		
	he date of filing: (OPT be specific and cannot be more than five business	
REQUIRED SIGNATURE:	, 1115	05 SEP 21 AM 10: 40 SUCRETARY OF STAT TALL AHASSEE. FLORI
Signature of a member or an authorized representative of a member		F A
(In accordance with	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	AM 10: 46 OF STATE E. FLORID!
Boban Abbate		
•	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)