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12/1405



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & B MONTGAGE LLC (Name of Limited Liability Company)
(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:
MANUEL ANTONIO GRAL
(Name of Person)
A&B MOKTGAGS LLC - FIRST
2 WHITE HAWK PLACE TO
PALM COAST FL 32164
(City/State and Zip Code)
For further information concerning this matter, please call:
MANUEL A. GRAM at (386) 986-0599 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARB MULTGACE, LLC (Must end with the words "Limited Liability Company, "Limited Company"	·
(Must end with the words "Limited Liability Company, "Limited Company"	or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
The maning address and street address of the principal of	tee of the Ellinted Elability Company is.
	Address:
99 OLD KINGS RUAD 5#4 FLAGLER BEACH FL 32/36	2 WHITE HAUTEN PE TO BRUM COAST FIE 38164
FLAGLER BEACH, FL 32136	THE SECOND
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. Y business entity with an active Florida registration.)	Registered Agent's Signature: You must designate an individual or another
The name and the Florida street address of the registered a	agent are:
MANUEL AUTONIO Name	GLAU
Florida street address (P.O. B PAM COASFL City, State, and Zip	ox NOT acceptable)
Having been named as registered agent and to accept serv liability company at the place designated in this certific	

(CONTINUED)
Page 1 of 2

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..

Signature (REQUIRED)

TS OI OS

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 MGL DLS DEIVE ALL CAST, FL 32137 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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)