

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	CT:	ES A BSTEIN (Name of Limited	Liability Company)	L.L.C.	
The end	closed Articles of	f Organization and fee(s) are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:					
	LES ABSTETN				
•	LES ABSTETN (Name of Person)				
	LES ABSTEIN, BUILDERS, LLC (Firm/Company)				
•	(Firm/Company)				
	221 LIVE OAK LANE (Address)				
	(Address)				
	HAVANA, FL. 32333 (City/State and Zip Code)				
•	(City/State and Zip Code)				
For further information concerning this matter, please call:					
<u></u>	LES ABSTETN at (850) 25/-2373 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
·		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
LES ABSTEM BL	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
HAVANA, FL 32333	HAVANA, FL. 3232
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Name	S DEC -
221 LIVE	OAK LANE ST. OF
Florida street add	ress (P.O. Box NOT acceptable)
HAVANA City, State, a	ress (P.O. Box NOT acceptable) FL 32333 Ind Zip TO RESE TO SEE THE
City, State, a	RIC 39
liability company at the place designated in to	his certificate, I hereby accept the appointment as
	v. I further agree to comply with the provisions of all rformance 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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.)

JES ABSTEIN, JR.
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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