L06000096640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
           Division of Corporations

SUBJECT: Abstract Holdings, 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:

Robert P. Avolio, Esq.

(Name of Person)

Avolio & Hanlon, P.C.

(Firm/Company)

2730 U.S. #1 South   -   Suite J

(Address)

St. Augustine, Florida   32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert P. Avolio   at (516) 776-7252

(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                              (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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:

Abstract Holdings, llc

(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 office of the Limited Liability Company is:

Principal Office Address: **Mailing Address:**

4800 Eugenia Drive
Palm Beach Gardens, Fl 33418

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)

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

Robert P. Avolio, Esq.
Name

2730 U.S. #1 South - Suite J
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine   FL   32086
City, State, and Zip

*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..*

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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:

MGR

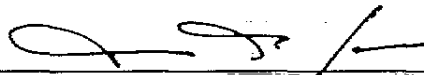Robert P. Avolio
4800 Eugenia Drive
Palm Beach Gardens, Fl 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Robert P. Avolio, Esq.

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)