L07000060143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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06/07/07--01019--020 **76.25

04/25/07--01032--011 **78.75

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DIVISION OF CORPORATIONS
07 JUN -7 PM 2:44

W07-20312
J. BRYAN APR 26 2007

JB

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2007

JENNIFER LAY LAX
429 DIVISION AVE
ORMOND BEACH, FL 32174

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DIVISION OF CORPORATIONS
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SUBJECT: ABC HANDLING LLC
Ref. Number: W07000020312

We have received your document for ABC HANDLING LLC and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of $76.25.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 707A00028458

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABC HANDLING LLC
(Name of Limited Liability Company)

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD L CAIN
(Name of Person)

ABC HANDLING LLC
(Firm/Company)

140 DIANNE DR
(Address)

ORMOND BEACH, FL, 32176
(City/State and Zip Code)

For further information concerning this matter, please call:

RON CAIN at (386) 441-8776
(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)

BALANCE DUE OF $76.25

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:
The name of the Limited Liability Company is:

ABC HANDLING 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:**
140 DIANNE DR	140 DIANNE DR

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:

RONALD L. CAIN
Name

140 DIANNE DRIVE
Florida street address (P.O. Box **NOT** acceptable)

ORMOND FL BEACH 32176
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..

Ronald L Cain
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:**
MGRM	JENNIFER LAX 429 DIVISION Ave Ormond Beach, FL. 32174

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(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:

Jennifer S. Lax
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.)

JENNIFER S. LAX
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)