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(Requestor's Name)

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(Business Entity Name)

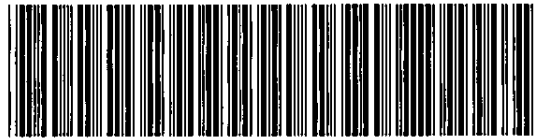
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TALLAHASSEE, FLORIDA

BK 12/18

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Abarim, LLC

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☒ Annual Report / Reinstatement \_\_\_\_\_
- ☐ Cert. Copy \_\_\_\_\_
- ☐ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

W L 12/17 3:45

Name

Date

Time

**ARTICLES OF ORGANIZATION**  
**FOR**  
**ABARIM, LLC**

**FILED**  
07 DEC 17 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

**ARTICLE I: NAME**

The name of the company is **ABARIM, LLC**

**ARTICLE II: PRINCIPAL OFFICE**

The principal office and mailing address of the company is **1326 S.R. 100, Grandin, Florida 38129**

**ARTICLE III: MANAGEMENT**

The company will be a manager managed Limited Liability Company.

## **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

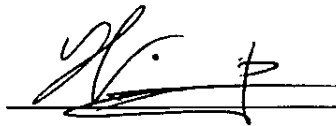
The name and address of the initial registered agent is **Capital Connection, Inc., 417 E. Virginia Street, Tallahassee, Florida 32301**

## **ARTICLE V: MANAGERS**

The name and address of the initial Manager of the company is:  
**Anita Lenas, Manager, 1326 S.R. 100, Grandin, Florida 38129**

The undersigned has executed these Articles of Organization this 17<sup>th</sup> day of December 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



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Authorized Representative


# **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is **ABARIM, LLC**
2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia Street, Tallahassee, Florida 32301.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

"Capital Connection, Inc. by, Weimar Lopez, Client Representative"



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