

L080000076180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

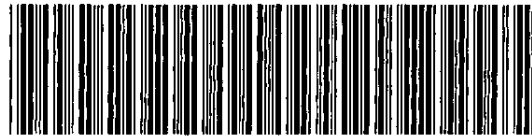
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kathy **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT PO address
DATE 8/8/08
BY EXAM Jeff

Office Use Only



900133962149

08/07/08--01024--011 **130.00

08 AUG - 7 PM 2:46

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Kathy

B. Tackett AUG 08 2008

Law Offices
of
STEVEN D. BRAVERMAN, P.A.

STEVEN D. BRAVERMAN
8751 W. BROWARD BLVD.
SUITE 206
PLANTATION, FL 33324

DIRECT: (954) 474-5988
TEL: (954) 474-7277
FAX: (954) 474-2844
EMAIL: BRAVEBAR39@AOL.COM

August 4, 2008

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: ABBET HOMES, LLC

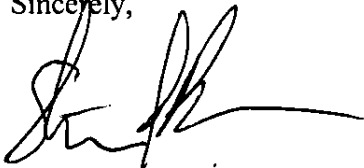
Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization in connection with the above-referenced limited liability company. I have also enclosed a check in the amount of \$130.00 to cover the cost of the filing fee and a Certificate of Status.

I would request that you return a stamped filed copy of the Articles along with the Certificate of Status to my office in the enclosed self-addressed stamped envelope.

Thank you for your cooperation in connection with this matter and should you have any questions, please do not hesitate to contact me.

Sincerely,



STEVEN D. BRAVERMAN, P.A.

SDB:kk
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: ABBET HOMES, 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:

Steven D. Braverman, P.A.
8751 W. Broward Boulevard, Suite 206
Plantation, FL 33324

For further information concerning this matter, please call:

· Steven D. Braverman, Esquire
(954) 474-5988

Enclosed is a check for the following amount:

_____ \$125.00 Filing Fee	<u>X</u>	\$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 Address

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

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

08 AUG -7 PM 2:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABBET HOMES, 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:

508 SE 6th Ave.
Deerfield Beach, FL 33441

Mailing Address:

P.O. Box 457
Deerfield Beach, FL 33443

ARTICLE III - Registered Agent, Registered Office, & Registered Agents 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:

STEVEN D. BRAVERMAN, P.A.
8751 West Broward Boulevard, Suite 206
Plantation, FL 33324

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)

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

WILLIAM ABREU and CHRISTINE BETTIS,
TENANTS BY THE ENTIRETIES
P.O. Box 457
Deerfield Beach, FL 33443

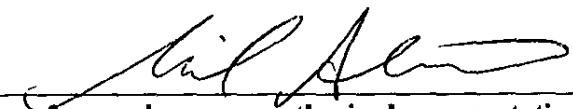
(Use attachment if necessary)

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.)



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)