

L09000046523

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000120790 3)))



H090001207903ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

09 MAY 13 AM 8:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ABARY HOLDING, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
09 MAY 13 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

MAY 14 2009

EXAMINER

(((H09000120790 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
ABARY HOLDING, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**1350 W. HOLDEN AVE UNIT 102
ORLANDO, FL 32839**

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:

**PARSRAM D. ETWAROO
1350 W. HOLDEN AVE UNIT 102
ORLANDO, FL 32839**

09 MAY 13 AM 8:49
SECRETARY
DIVISION

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..



PARSRAM D. ETWAROO / Registered Agent's Signature

(((H09000120790 3)))

(((H09000120790 3)))

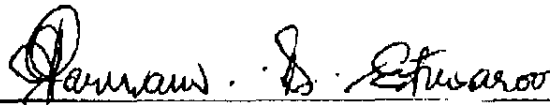
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager
"MGRM" = Managing Member

PARSRAM D. ETWAROO, MGRM
1350 W. HOLDEN AVE UNIT 102
ORLANDO, FL 32839

ARTICLE V: Effective date, if other than the date of filing: MAY 11, 2009
(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.)

PARSRAM D. ETWAROO

Typed or printed name of signee

(((H09000120790 3)))