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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 19 2009

EXAMINER

EFFECTIVE DATE 5/15/09

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ability One Management Services  
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:

Christine Burns  
Name of Person  
A.O.M.S.  
Firm/Company  
105 RED MAPLE COURT  
Address  
Ponte Vedra Bch FL 32082  
City/State and Zip Code  
cburns @ C-r foods.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Burns at ( 904 ) 273-4304  
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)

**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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ability One Management Services 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:

Principal Office Address:

Mailing Address:

105 RED MAPLE COURT  
Ponte Vedra Beach  
32082

SAME

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:

O'Neill & O'Neill Services

Name

1009 21st St. N

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

Jacksonville Beach FL

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..*

Janet K. O'Neill

Registered Agent's Signature (REQUIRED)

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(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:**

ROBERT FRANCO-MGRM- 157 AZALEA Pt Pt 5  
Ponte VERA Bch FL  
32082

William HAShey-MGR 13605 W. Hillsborough Ave  
TAMPA FL  
33635

Paul Van Steenbergem  
MGR PO Box 340305  
TAMPA FL  
33694

Christine Burns-MGR- 157 AZALEA Pt Pt 5  
Ponte VERA Bch FL  
32082

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 15, 2009. (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:**

*Chris Burns*

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.)

*Christine Burns*

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)

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