

L090000051670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

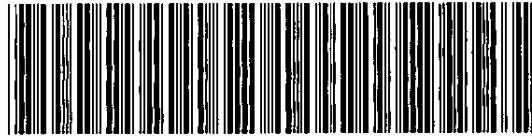
Special Instructions to Filing Officer:

**A. LUNT**

MAY 28 2009

**EXAMINER**

Office Use Only



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05/11/09--01012--005 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 11 PM 12:32

FILED

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: \_\_\_\_\_

ABER No2 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:

ARTHUR HASPEL

Name of Person

Firm/Company

1814 NE MIAMI GARDENS DR #701

Address

N. MIAMI BEACH FL 33179

City/State and Zip Code

FLCALES @ AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR HASPEL

Name of Person

at 954, 205 6304

Area Code &amp; 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ABER No 2, 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:**450 NW 65 TERR.  
SUITE B  
MARGATE FL 33063**Mailing Address:**1814 NE MIAMI GARDENS DR  
#701  
N MIAMI BEACH FL 33179**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:

ARTHUR HASPEL

Name

1814 NE MIAMI GARDENS DRFlorida street address (P.O. Box **NOT** acceptable)N MIAMI BEACH FL 33179

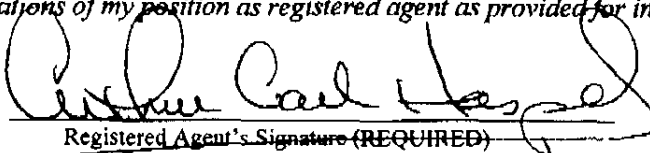
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

(CONTINUED)

Page 1 of 2

**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

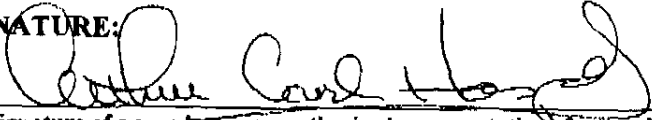
MGR**Name and Address:**ARTHUR HASPEL  
1814 NE MIAMI GARDENS DR  
N MIAMI BCH FL 33179STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/11/09 (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.)

ARTHUR CARL HASPEL

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)