1001001001

(Requestor's Name)
(Address)
(Address)
(1881.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sociality Nation)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

MC! FOD

OCT 2 0 2009

EXAMINER



000161827500

10/19/09--01032--018 **160.00

00 0CT 19 PH 4: 04

SECKETARY OF STAIL

COVER LETTER '

TO:	Registration Section Division of Corporations
SUBJE	CT: The ABS Group, LLC. Name of Limited Liability Company
	rame of Emmod Emotity Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Grace ANtonello
-	Name of Person
-	Firm/Company
	3328 NEIITH AVENUE
_	Address
	Oakland Park, FL 33334 City/State and Zip Code
-	City/State and Zip Code
_	Gractantonello bell south. Net E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Gr	Name of Person at (a54) 504-4440 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
]\$125.0	OF Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the Li	ne: imited Liability Company is:			
	ABS Group, ust end with the words "Limited Liabilia		C.")	
ARTICLE II - Ad The mailing address	ldress: and street address of the pri	ncipal office of the Lim	ited Liability Compan	ıy is:
Principal Office A	Address:	Mailing Address:		
	11+11 AVENUE Park, FL 33334	3328 NE II OAKIANA PO	+h AVENUE DYK, FL 333	34
(The Limited Liability C	egistered Agent, Registered ompany cannot serve as its own Registo active Florida registration.)	Office, & Registered Agent. You must designate	Agent's Signature;	DIVISION
The name and the	Florida street address of the re	egistered agent are:		937
	Grace ANton	uello		
Name				Sy
	3328 NE 11+11	AVENUE		
	Florida street address (P.O.		•	ž
	oakland Park,	FL 33334	_	
	City, State, an	d 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..

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:

"MGR" = Mar "MGRM" = M	nager fanaging Member	Name and Address:
MGRN	<u>/ </u>	Grace ANTONEILD 3328 NE 11+11 AVENUE DAKIAND PARK, FL 33331
(I lee attachmer	nt if necessary)	
CLE V: Effective	listed, the date must b	date of filing: (OPTIONA e specific and cannot be more than five business day
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five business day
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sea	e specific and cannot be more than five business day are or an authorized representative of a member.
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute the facts stated here.	e specific and cannot be more than five business day are or an authorized representative of a member.

of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)