

LU9U0U102568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

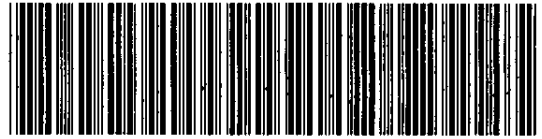
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300161747623

10/23/09--01009--023 **160.00

EFFECTIVE DATE 10/20/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 23 AM 8:43

B. KOHR

OCT 26 2009

EXAMINER

EFFECTIVE DATE 10/20/09

LAW OFFICE OF MICHAEL J. OVERBECK, P.A.

October 20, 2009

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

RE: Articles of Organization and Filing Fee
For Abacoa Law, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 23 AM 8:13 '09

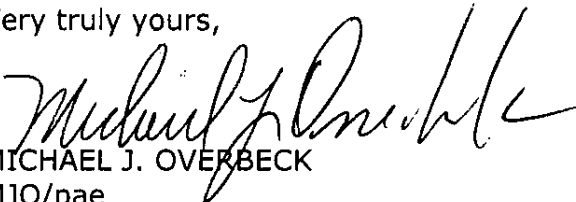
Dear Sir/Madam:

Enclosed please find the Articles of Organization of Abacoa Law, LLC and a check for \$160.00, representing the filing fees.

My address is 4590 PGA Blvd., Suite 204, Palm Beach Gardens, FL 33418. My telephone number is 561-627-7220.

Please contact this office if you have any questions about the information submitted.

Very truly yours,


MICHAEL J. OVERBECK
MJO/pae
Enclosures

COVER LETTER

EFFECTIVE DATE 10/20/09

**TO: Registration Section
Division of Corporations**

SUBJECT: Abacoa Law, LLC.
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 23 AM 8:43

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Overbeck

Name of Person

Michael J. Overbeck, P.A.

Firm/Company

4590 PGA Blvd Suite 204

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

moverbeck@bellsouth.net

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

For further information concerning this matter, please call:

Michael J. Overbeck

Name of Person

at (561) 627-7220

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

EFFECTIVE DATE 10/20/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Abacoa Law, 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:

4590 PGA Blvd Suite 204
Palm Beach Gardens, FL
33418

Mailing Address:

4590 PGA Blvd Suite 204
Palm Beach Gardens, FL
33418

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:

Michael J. Overbeck

Name

4590 PGA Blvd Suite 204

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

Palm Beach Gardens, FL 33418

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..

Michael J. Overbeck
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 23 AM 8:43

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:

MGR

Michael J. Overbeck

4590 PGA Blvd Suite 204


Palm Beach Gardens, FL 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 20, 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:


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.)

Michael J. Overbeck

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)