

L09000116580

Florida Department of State
Division of Corporations
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.

(((H09000254115 3)))



H090002541153ABC.

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.

J C ABRAMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

09 DEC -8 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -8 AM 8:18

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DEC - 9 2009

FILED

H-09000254115-3 09/05/03 8 AM 8:18

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

In compliance with Chapter 608, F.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

J C ABRAMS, LLC

ARTICLE II ADDRESS

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

5674 SE 47TH AVENUE
STUART, FLORIDA 34997**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

JEFFREY CLYDE ABRAMS
5674 SE 47TH AVENUE
STUART, FLORIDA 34997

Having been named as registered agent 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.

X 
JEFFREY CLYDE ABRAMS / Registered Agent's signature

H-09000254115-3

#09000254115.3

PAGE 2 J C ABRAMS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)**MANAGING MEMBER**

JEFFREY CLYDE ABRAMS

5674 SE 47TH AVENUE

STUART, FLORIDA 34997

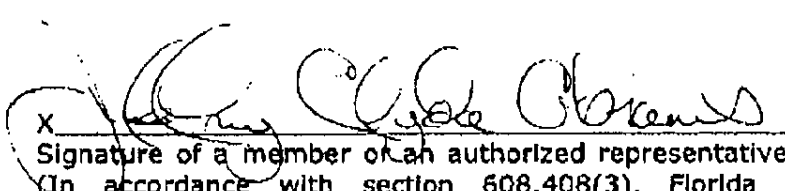
MANAGING MEMBER

MASON ANTOIN BROWN

613 SW KAYAK AVENUE

PORT SAINT LUCIE, FLORIDA 34953

.....

X 
Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes,
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

JEFFREY CLYDE ABRAMS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -8 AM 8:18

FILED

#09000254115.3