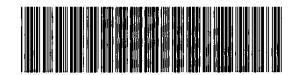
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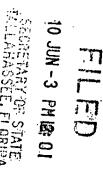
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PICK-UP WA	IT MAIL			
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Certified Copies Certif	icates of Status			
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D. BRUCE

JUN 4 2010

**EXAMINER** 



	/t
. TO	
	Division of Corporations
_	
Sui	BJECT:-ABAAF-Group,-L.L.C
•	Name of Limited Liability Company
The	enclosed Articles of Organization and fee(s) are submitted for filing.
· Plea	se return all correspondence concerning this matter to the following:
	Frederick Bowen
į	Name of Person
	Frederick Bowen DfT Consulting
	. Firm/Company
· · · · · · · · · · · · · · · · · · ·	4546 OW 5045 Ox 11-24 HOO4
	151 <b>6</b> SW 50th St., Unit #201  Address
· · · · · · · · · · · · · · · · · · ·	Address
	Cape Coral, FL-33914-3472
	City/State and Zip Code
	abaafgroup@gmail.com  E-mail address: (to be used for future annual report notification)
	<u> </u>
For	further information concerning this matter, please call:
Fre	derick Bowen at (408 )257-9366 ⊕ 💆 💆
	further information concerning this matter, please call:    derick Bowen
Enç	losed is a check for the following amount:
Пен	
	Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
	Mailing Address Street/Courier Address
	Registration Section Registration Section  Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301
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ARTICLE II - Name: The name of the Limited Liability Company is:  ABAAF-Group-L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address: The mailing address: The mailing address:  Principal Office Address:  Mailing Address:  928 Sweepiny Vine Ave Las Vegas, NV 89123  Las Vegas, NV 89123  Las Vegas, NV 89123  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot sore as its own Registered Agent, You must designate an individual or another, or business entity with an active Plorida registration.)  The name and the Florida street address of the registered agent are:  Frederick Bowen  Name  1516 SW 50th St., Unit #201  Florida street address (P.OBox NOT acceptable)  Cape Coral  (Ty, 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 car in this capacity. I further agree to comply with the provisions of all statutes relating to the proper, and complete performance of my daties, and Lan 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-1-012	, . ,	il · · ·		
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		Registered Ager	nt's Signature (REQUIRED)	
Page-i-of-2-				
			(CONTINUED)	

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	ARTICLE IV- Manager(s) or	Managing Member(s):
		Manager or Managing Member is as follows:
	Title:	Name and Address:
	"MGR" = Manager "MGRM" = Managing Member	
	MGRM	Yaw Fosu
		926 Sweeping Vine Ave.  Las Vegas, NV 89123
<del></del>		List Togos, ITT COTEC
·	MGRM .	Harry Bowen
		P.O. Box 92
		Merrimac, MA 01860
	MGRM	Frederick Bowen
		1516 SW 50th St., Unit #201
		Cape Coral, FL 33914-3472
Ì	MGRM	Lamas Brahasa
	MORM	James Broberg
		Albert Lee, MN 56007
ARTIC	(Use attachment-if-necessary)—  CLE-V:-Effective date, if other tha	an the date of filing: (OPTIONAL)
	o days after the date of filing.)	ust be specific and cannot be more than five business days prior
10 01		7000
<u>.</u>	REQUIRED SIGNATURE:	
	Fred	who bor to the
	Signature of a n	nember or an authorized representative of a member.
	of this document	with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury ted herein are true.)
	Frederick Bow	
		Typed or printed name of signee
	Filing Fees:	
	\$125.00 Filing Fee for Articles of of Registered Agent	f Organization and Designation
	\$ 30.00 Certified Copy (Optiona \$ 5.00 Certificate of Status (Op	
	·	Page 2 of 2
		rage 2 of 2