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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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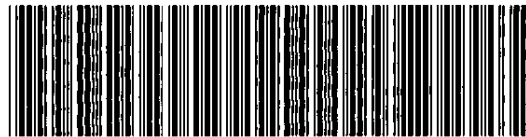
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. BRYAN

AUG 17 2010

EXAMINER

BAILEY, RILEY, BUCH & HARMAN

A LEGAL CORPORATION

RILEY BUILDING • STE 900 • 53 14th Street
POST OFFICE BOX 631
WHEELING, WEST VIRGINIA 26003-0081

TELEPHONE (304) 232-6675
FACSIMILE (304) 232-9897

CHRISTOPHER P. RILEY
HARRY L. BUCH, SPECIAL COUNSEL
ANNE DIECKMANN HARMAN (Also Admitted in OH and PA)
ERIC SANTOS (Also Admitted in TX and PA)
JOSEPH J. BUCH
CHARLENE FOOSE GEYER (Also Admitted in PA)

T.S. RILEY 1850-1936
JAMES B. RILEY 1894-1958
ROBERT J. RILEY 1899-1977
GEORGE G. BAILEY 1913-1989
ARCH W. RILEY 1930-2007

Email Address: jbuch@brbhlaw.com

August 10, 2010

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

Re: Sarras Abrahamson Kennel, LLC
Articles of Organization

Dear Sir/Madam:

Enclosed please find duplicate originals of the Articles of Organization for Sarras Abrahamson Kennel, LLC, as well as the filing fee in the amount of \$160.

Please return the Certificate of Status and Certified Copy to the undersigned. Thanking you in advance, I remain

Very truly yours,

Joseph J. Buch

JJB/ala
enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SARRAS ABRAHAMSON KENNEL, 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:

JOSEPH J. BUCH, ESQ

Name of Person

BAILEY, RILEY, BUCH & HARMAN, LC

Firm/Company

P.O. BOX 631

Address

WHEELING, WV 26003

City/State and Zip Code

JBUCH @ BRBHLAW.COM

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

For further information concerning this matter, please call:

JOSEPH J. BUCH

Name of Person

at (304) **232-6675**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SARRAS ABRAHAMSON KENNEL, 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:

4061 BONITA BEACH ROAD, STE. 205
BONITA SPRINGS, FL 34134

Mailing Address:

P.O. BOX 1601
BONITA SPRINGS, FL 34133

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:

NEIL A. ABRAHAMSON

Name

1958 IMPERIAL GOLF COURSE BLVD.

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

NAPLES, FL 34110 FL

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..

Neil A. Abrahamson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

NEIL A. ABRAHAMSON

1958 IMPERIAL GOLF COURSE BLVD

NAPLES, FL 34110

MGRM

ANDREW SARRAS

890 PLEASANT STREET

BRIDGEWATER, MA 02324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: UPON FILING. (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.)

NEIL A. ABRAHAMSON

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)

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