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.

(((H10000264467 3)))



H100002644673ABC/

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 : PYLE & DELLINGER, PL.

Account Number : 120000000053

; (386)615-9007

Phone Fax Number

: (386)676-2615

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

Email Address:

FLORIDA LIMITED LIABILITY CO. ABM Reduction Drives, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

HelpJ. BRYAN

DEC 14 2010

(((H100002644673)))

OF ABM REDUCTION DRIVES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby executes the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is ABM REDUCTION DRIVES, LLC.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is 1575 A vation. Center Parkway, Ste. 415, Daytona Beach, FL 32114.

ARTICLE III REGISTERED OFFICE AND AGENT

The name of the Registered Agent is Magdy'S. Attia and the Fiorida street address of the registered agent is 1575 Aviation Center Parkway, Ste. 415, Daytona Beach, FL 32114.

ARTICLE IV MANAGEMENT

The Company is managed by a Manager. The person initially appointed as Manager is Magdy S. Attla. The LLC also names Magdy S. Attla as President.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this day of December, 2010.

Magdy S. Attla

STATE OF FLORIDA COUNTY OF VOLUSIA

Notary Public

Michael A. Pyle

(Printed Name)

My Commission Expire:

MICHAEL A. PYLE
MY COMMISSION # DD 735279
EXPIRES: December 3, 2011
Bonded Thru Nolsty Public Underwhere

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

(((H100002644673)))

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

Magdy S. Attia, Registered Agent

10 DEC 13 AM 8: 09
SECRETARY OF STATE