## 111000029651

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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EFFECTIVE DATE 03-1-11



B. BOSTICK
MAR 1 0 2010
EXAMINER

## COVER LETTER

Division of Corpo				
SUBJECT: ABACU	S MANAGEME	ENT LLC		
SUBJECT:		ed Liability Compa	ny	
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing		
Please return all correspond	lence concerning this matt	ter to the following:		
Steven P. S	Schneider			
		Name of Person		
Abacus Ma	nagement LLC	;		
		Firm/Company		
7301 SW 57	7 Court #510			
		Address		
South Miami.	Florida 33143			, J.
		y/State and Zip Code		
steve@abacus				
	E-mail address: (to be used t	for future annual repor	rt notification)	SE CO
For further information con-	cerning this matter, please	e call:		
Steven Schneider		at (305	662-1600	LORIE STATE
Name of Po	erson		& Daytime Telephone Number	# A 7
Enclosed is a check for the	ne following amount:			
	130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certificat is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
F I F	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ABACUS MANAGEMENT LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "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 Cor	npany is:
Principal Office Address: Mailing Address:	
7301_SW 57 Court #510 7301 SW 57 Court #510 South Miami, FL 33143 South Miami, FL 33143	
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:	

7301 SW 57 Court #510 Florida street address (P.O. Box NOT acceptable)

Name

South Miami,

<sub>FL</sub> 33143

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	Steven P. Schneider
	7301 SW 57 Court #510
	South Miami, FL 33143
<del></del>	Ac 1
	THE TO SELECT
	<del></del>
(Use attachment if necessar	y)
ARTICLE V: Effective date, if other	er than the date of filing: March 1, 2011 (OPTIONAL)  te must be specific and cannot be more than five business days pri
<u>REQUIRED</u> SIGNATURI	E:
	Sta P. Lail
Signature o	of a member or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution of this document

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Steven P. Schneider

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)



February 21, 2011

STEVEN P. SCHNEIDER 7301 SW 57 COURT #510 SOUTH MIAMI, FL 33143

SUBJECT: ABACUS MANAGEMENT LLC

Ref. Number: W11000010262

We have received your document for ABACUS MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 811A00004381