

L11000074543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500209103245

06/23/11--01020--013 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 27 AM 8:33

FILED

J. SAULSBERRY
EXAMINER

JUN 28 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~AB Services, LLC~~ AB Services of Central Florida, 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:

John W. Zielinski

Name of Person

NeJame Law

Firm/Company

189 S. Orange Av., Suite 1800

Address

Orlando, FL 32801

City/State and Zip Code

amberlybrowne5@aol.com

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

For further information concerning this matter, please call:

Amber Browne

Name of Person

at

407 247-2135

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 27 AM 8:33

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

~~AB Services, LLC~~ AB Services of Central Florida, 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:

7862 W Irlo Bronson Memorial ~~Plwy~~ Hwy
Kissimmee, FL 34747

Mailing Address:

7862 W Irlo Bronson Memorial ~~Plwy~~ Hwy
Kissimmee, FL 34747

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:

Amber Browne

Name

7862 W. Irlo Bronson ~~Plwy~~ HwyFlorida street address (P.O. Box NOT acceptable)KissimmeeFL 34747

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 27 AM 8:33

FILED

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:Amber Browne, *MGRM*7862 W Irlo Bronson ~~Pkwy~~ *Hwy*
Kissimmee, FL 34747

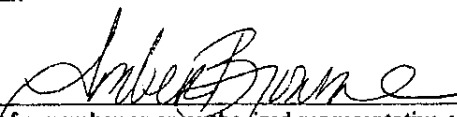
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 27 AM 8:33

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of 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. 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.)

Amber Browne

Typed or printed name of signer**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)