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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone

Fax Number

: (305)599-0839 : (305)592-9591

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. AB ROD PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. SAULSBERRY **EXAMINER**

NOV 1 4 2011

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CL	Æ	I	- N	яm	e:

The name of the Limited Liability Company is:

AB ROD PROPERTIES, LLC

DORAL

(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 Addre	ipal Office Address: Mailing Address:		
3400 SW 195TH AVENU	JE 3400 SW 195TH AVENU	JE	
MIRAMAR, FL 33029	MIRAMAR, FL 33029		
	ered Agent, Registered Office, & Registered Agent You must designate an lorida registration.)		
The name and the Florid	a street address of the registered agent are:	20 TAL	
Jose	EPH F. CABANAS - CABANAS & ASSOCIATES, P.A.	2011 NOV 10 SECRETARY TALLAHASSE	
	Name	N N N N N N N N N N N N N N N N N N N	
1052	20 NW 26TH STREET, SUITE C-201	385 737 01	

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

City, State, and Zip

FL 33172

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)

Page 1 of 2

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

MGRM

FRANCIS RODRIGUEZ

3400 SW 195TH AVENUE

MIRAMAR, FL 33029

PEGANANAR, FL 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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 follony as provided for in s.817.155, F.S.)

FRANCIS RODRIGUEZ

Typed or printed name of signec

Filing Fees:

\$1.25.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)