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03/02/12--01019--010 **155.00

Effective Date 7/1/12

12 MAR -2 AM 11: 42

MAR - 5 2012 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: ABERASH ALTERATION & THINGS, LLC
	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
-	LORNA R LINTON Name of Person
	ABERASH ALTERATION & THINGS, LLC
	Firm/Company
	921 E Parker St., Suite 1
	Address
Ļ	akeland, FL 33801-1901
i	City/State and Zip Code
<u>-</u>	ornapcc2000@yahoo.com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Lorna	a R Linton at (863) 838- 3456
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.00	Filing Fee \$\int_{\text{s}130.00}\$ Filing Fee & Certificate of Status \$\int_{\text{calcidational copy is enclosed}}\) \[\begin{align*} \text{\$155.00 Filing Fee & S160.00 Filing Fee,} \\ \text{Certificate of Status & Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Effective Date 7/1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability	ty Company is:
ABERASH ALTERATION 8	L THINGS, LLC
(Must end with the we	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street a	ddress of the principal office of the Limited Liability Company is:

Principal	Office	Address:	

Mailing Address:

 921 E Parker St., Suite
 P.O. Box 90892

 Lakeland, FL 33801
 Lakeland, FL 33804

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:

InCorp Services, Inc.

Name

17888 67th Court North

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

Loxahatchee FL 33470

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..

on behalf of InCorp Services, Inc.

Repistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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:

"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	LORNA R LINTON
	P.O. BOX 90692
	LAKELAND, FL 33804
MGR	GLORIA R LINTON
	725 BUENA VISTA ST
	LAKELAND, FL 33805
(Use attachment if necessary)	
	the date of filing: 07/01/2012 . (O
days after the date of filing.)	s se specific and cannot be more than five busi
٨	
REQUIRED SIGNATURE:	

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.)

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)