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K. SALY  
EXAMINER  
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*Jay D. Asbury, P.A.*  
*Attorney at Law*



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234 N. Summit Street  
Crescent City, Florida 32112

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March 1, 2012

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: ABEL'S INSURANCE AND SALES, LLC  
Our File No. 11-016

TO WHOM IT MAY CONCERN:

Enclosed please find the Articles of Organization for ABEL'S INSURANCE AND SALES, LLC, together with a check in the amount of \$125.00, as and for the filing fee.

I would appreciate receiving a copy of said articles once they have been filed and have enclosed a S.A.S.E. for your convenience in mailing said copy to me..

Thank you for your consideration in this matter and if you should have any questions, please feel free to contact this office at the above number.

Very truly yours,

A handwritten signature in cursive script that reads "Patti".

Patti  
Legal Assistant

encls.

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
12 MAR -5 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

ABEL'S INSURANCE AND SALES, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:

4228 Attaway Lane  
Port Charlotte, FL 33981-1505

MAILING ADDRESS:

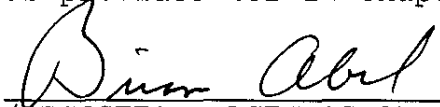
4228 Attaway Lane  
Port Charlotte, FL 33981-1505

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent is:

BRIAN W. ABEL, 4228 Attaway Lane, Port Charlotte, FL 33981-1505

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, Florida Statutes.

  
(REGISTERED AGENT'S SIGNATURE)

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

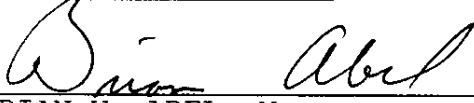
TITLE:

Manager

NAME AND ADDRESS:

BRIAN W. ABEL  
4228 Attaway Lane  
Port Charlotte, FL 33981-1505

REQUIRED SIGNATURE:

  
BRIAN W. ABEL, Manager

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.)

BRIAN W. ABEL, Manager