

L13000032504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

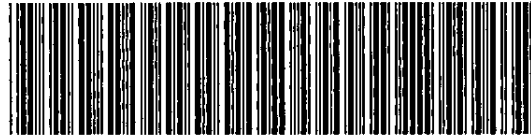
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2013 MAR - 1 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR - 4 2013

CORSARO & ASSOCIATES CO., LPA

**28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE**

February 28, 2013

VIA UPS #1Z F60 R31 01 9079 9281
FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ABTJ Management Services, LLC

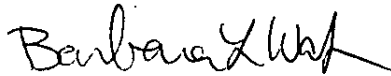
Dear Sir or Madam:

Enclosed herewith, please find the following, being submitted for filing on behalf of the above-referenced entity:

- 1) Cover Letter;
- 2) Articles of Organization; and
- 3) Check No. 1249 made payable to "Florida Department of State" in the amount of \$125.00.

If you should have any questions and/or comments regarding the enclosed, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA



By: Barbara L. Watson, Paralegal to
Michael F. Halper, Esq.

/blw

Enclosures

cc: Mr. George S. Repchick (w/o encls.) (via email)

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABTJ Management Services, 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:

Michael F. Halper, Esq.

Name of Person

Corsaro & Associates Co., LPA

Firm/Company

28039 Clemens Road

Address

Westlake, OH 44145

City/State and Zip Code

MHalper@corsarolaw.com

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

For further information concerning this matter, please call:

Barbara L. Watson

Name of Person

at (440) 871-4022

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABTJ Management Services, 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:

26691 Richmond Road
Bedford Heights, OH 44146

Mailing Address:

26691 Richmond Road
Bedford Heights, OH 44146

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

33324

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..

C T CORPORATION SYSTEM

By: ☒ X


Registered Agent's Signature (REQUIRED)

Gili S. Apella, Asst. Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

George Repchick

713 Treasure Boat Way

Sarasota, FL 34242

MGR

William Weisberg

26691 Richmond Road

Bedford Heights, OH 44146

(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.)

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

X

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.)

George Repchick

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)