

413000135344

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000210985 3)))



H130002109853ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SALVATORI & WOOD, BUCKEL, PL
Account Number : I20030000112
Phone : (239)552-4100
Fax Number : (239)649-1706

FILED
13 SEP 23 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

13 SEP 23 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: JLH@SUBCL.COM

FLORIDA LIMITED LIABILITY CO.
AB South Florida Holding, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

413-52833

Electronic Filing Menu Corporate Filing Menu

SEP 25 2013
Help

((H13000210985 3)))

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB South Florida Holding, 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:

Kevin Carmichael, Esq.
Name of Person

Salvatori, Wood, Bunkel, Carmichael & Lottes
Firm/Company

9132 Strada Place, Fourth Floor
Address

Naples, FL 34108
City/State and Zip Code

jlh@swbcl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Carmichael at 239 552-4100
Name of Person 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

((H13000210985 3)))

((H13000210985 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AB South Florida Holding, 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:

284 Lennox Ave, Richmond Hill, Ontario, L4C2AC
Canada

Mailing Address:

284 Lennox Ave, Richmond Hill, Ontario, L4C2AC
Canada

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:

Salvatori, Wood, Buckel, Carmichael & Lottes
Name

9132 Strada Place, Fourth Floor
Florida street address (P.O. Box **NOT** acceptable)

Naples 34108 FL
City, State, and Zip

13 SEP 23 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H13000210985 3))

((H13000210985 3)))

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:

MGRM

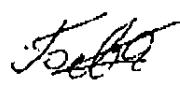
Alexandre Bevziouk
294 Lennox Ave, Richmond Hill, Ontario, L4C2A6
Canada

FILED
13 SEP 23 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

Alexandre Bevziouk
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)

((H13000210985 3)))

