

L14000148072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

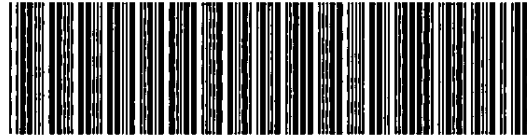
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000263682330

09/03/14--01003--013 \*\*160.00

FILED  
14 SEP 22 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2544



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2014

C BERK EDWARDS  
1531 HENDRY ST  
FT MYERS, FL 33901

SUBJECT: ABCD, LLC  
Ref. Number: W14000055229

We have received your document for ABCD, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 814A00019303

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ABCD, 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:

C. Berk Edwards, Esq.  
Name of Person

Geraghty, Dougherty & Edwards, P.A.  
Firm/Company

1531 Hendry Street  
Address

Fort Myers, Florida 33901  
City/State and Zip Code

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

For further information concerning this matter, please call:

C. Berk Edwards at ( 239 ) 334-9500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

ABCD GROUP, 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:

Mailing Address:

19416 Presidential Way  
Miami, Florida 33179

19416 Presidential Way  
Miami, Florida 33179

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. Berk Edwards

Name

1531 Hendry Street

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

Fort Myers

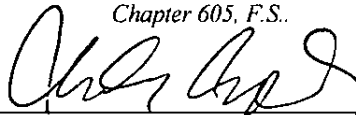
City

FL 33901

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 SEP 22 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Alan Jacobson

19416 Presidential Way

Miami, FL 33170

AMBR

Jan Hart

19416 Presidential Way

Miami, FL 33170

AMBR

Robert Schull

20000 E. Country Club Dr., #208

Aventura, FL 33180

AMBR

Cinnamon Investments, Ltd.

360 Arvida Parkway

Coral Gables, FL 33156

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Alan Jacobson

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 22 PM 3:54

FILED

**ARTICLE IV (continued) –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

AMBR

**Name and Address:**

Danielle Kuziel  
6200 North Ocean Blvd.  
Ocean Ridge, FL 33435