

**44000152237**  
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.

(((H14000226639 3)))



H140002266393A9C0

**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 : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: agent@bizfilings.com

**FLORIDA LIMITED LIABILITY CO.  
A-Bell Enterprise LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

14 SEP 29 AM 11:09

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 SEP 29 PM 11:35

FILED

SEP 30 2014

S. YOUNG

Electronic Filing Menu Corporate Filing Menu Help

FAX AUDIT # H14000226639 3

**ARTICLES OF ORGANIZATION  
OF  
A-Bell Enterprise LLC**

**ARTICLE I NAME**

The name of the limited liability company is: A-Bell Enterprise LLC

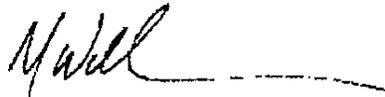
**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
1110 Pennsylvania Avenue, Saint Cloud, Florida 34769.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

*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..*



Signature: \_\_\_\_\_

Date: September 26, 2014

Mark Williams, A.V.P. Business Filings Incorporated

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

George Arnold, 1110 Pennsylvania Avenue, Saint Cloud, Florida 34769

Jason Bell, 6039 Cypress Gardens Blvd, Winter Haven, Florida 33884

FAX AUDIT # H14000226639 3

FILED  
14 SEP 29 11:11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT # H14000226639 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Date: September 26, 2014

*(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.)*

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison,

WI 53717

608-827-5300

FAX AUDIT # H14000226639 3

FILED  
14 SEP 29 11:11:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA