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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Abbaba Name of	Dang LLC Limited Kiability Company
The enclosed Articles of Organization and fee(s	s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Brayn Pana	Name of Person
Abbarban	Firm/Company
256 NORTH P	torthe are
Panama ory	City/State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter,	please call:
Charled Cooper a	Area Code Daytime Telephone Number
Englosed is a check for the following amount:	
Certificate of Status	
Mailing Address Registration Section	Street/Courier Address Registration Section

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

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:	19872
(Must end with the words "Limited Kipbility 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:	司
Principal Office Address: Mailing Address: South Sou	
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 individuanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Name	ual or
Florida street address (P.O. Box NOT acceptable) Parameter Street address (P.O. Box NOT acceptable) FL 3240\ Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete p of my duties. [CONTINUED]	act in this performance

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" Mamager	charle cooper als
	Benema OHY FL 32401
AMBR_	Brayer Achardson 2710 North Borthe ave. 250 and FL 3240
<u> </u>	
(Use attachment if necessary)	
fective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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REQUIRED STENATURE: Signature of a (In accordance with section constitutes an affirmation unlimber any false in	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document indepthe penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
REQUIRED STENATURE: Signature of a (In accordance with section constitutes an affirmation unlimber any false in	premier or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
REQUIRED STANATURE: Signature of a (In accordance with section constitutes an affirmation under the constitutes at third degree fe	nuember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document indep the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

ARTICLE IV-