

4500092585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

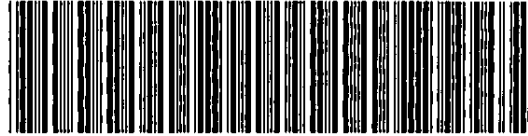
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JAN 12 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 01/15/15

JAN 23 2015
D. BRUCE

LAW OFFICES OF
TERRY N. SILVERMAN P.A.

500 EAST UNIVERSITY AVENUE, SUITE D, GAINESVILLE, FLORIDA 32601
PHONE: 352.377.0770 • TOLL FREE: 866.748.4826 • FAX: 352.380.0013
TSILVERMAN@GRU.NET • WWW.GAINESVILLELAW.COM

FLORIDA SUPREME COURT CERTIFIED
CIRCUIT COURT MEDIATOR
KATHERINE W. JOHNSON - LEGAL ASSISTANT

January 9, 2015

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: ABACUS PARTNERS, LLC

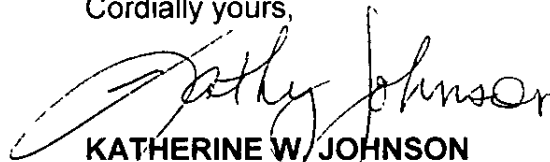
Dear Registration Staff:

Enclosed please find the following regarding Abacus Partners, LLC:

1. Cover Letter with attached firm check in the amount of \$125.00 as the filing fee.
2. Articles of Organization for Florida Limited Liability Company

Should you have any questions or concerns, please do not hesitate to contact us.
Thank you for your attention to this matter.

Cordially yours,



KATHERINE W JOHNSON
Legal Assistant/Office Manager
Email: kjohnson@gainesvillelaw.com

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TALLAHASSEE FLORIDA

KWJ:
Enclosures



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abacus Partners, 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:

Terry N. Silverman, Esq.

Name of Person

Law Offices of Terry N. Silverman, PA

Firm/Company

500 East University Avenue, Suite D

Address

Gainesville, Florida 32601

City/State and Zip Code

tsilverman@gainesvillelaw.com

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

For further information concerning this matter, please call:

Terry N. Silverman

Name of Person

at (352) 377-0770

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 &
Certificate of Status
(additional copy is enclosed)

☐ \$160.00 Filing Fee &
Certificate of Status &
Certificate of Status
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Abacus Partners, 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:

1291 North U.S. 1
Suite 7
Ormond Beach, Florida 32174

Mailing Address:

1291 North U.S. 1
Suite 7
Ormond Beach, Florida 32174

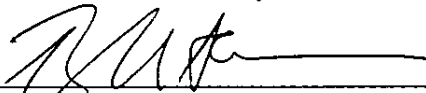
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Terry N. Silverman
Name
500 East University Avenue, Suite D
Florida street address (P.O. Box NOT acceptable)
Gainesville FL 32601
City 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)

EFFECTIVE DATE 01/15/15

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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:

Janis Weber, PhD

1291 North U.S. 1, Suite 7

Ormond Beach, FL 32174

AMBR

Terry N. Silverman

500 East University Avenue, Suite D

Gainesville, FL 32601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 15, 2015. (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.)

Terry N. Silverman

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)

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