

L15000138942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

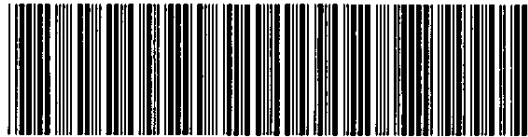
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TALLAHASSEE, FLORIDA

AUG 18 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABL Properties 4 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:

Lori Ballis

Name of Person

Firm/Company

One Beach Drive SE Suite 230

Address

St Petersburg, FL 33701

City/State and Zip Code

lorib@comegys.com

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

For further information concerning this matter, please call:

Mark S Berset

727

515-5548

at (_____) _____

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

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

Street Address

New Filing 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:

ABL Properties 4, 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:

One Beach Dr SE Suite 230

P.O. Box 1438

St Petersburg, FL 33701

St Petersburg, FL 33731-1438

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:

Mark S Berset

Name

One Beach Dr SE Suite 230

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

St Petersburg

FL

33701

City

State

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT
JULIA MOSKOWITZ
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

MGR

Name and Address:

George Apostolou

275 1st St W

Tierra Verde, FL 33715

AMBR

Poppe Apostolou

275 1st St W

Tierra Verde, FL 33715

MGR

Pete Apostolou

700 Central Ave Suite 104

St Petersburg, FL 33715

AMBR

Anastasia Apostolou

275 1st St W

Tierra Verde, FL 33715

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(Use attachment if necessary)

Continued

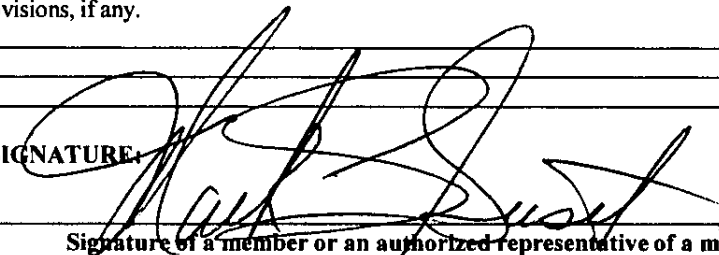
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Mark S. Berset

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)

TITLE:**NAME AND ADDRESS:**

AMBR

Konstantina Apostolou
275 1st St W
Tierra Verde, FL 33715

MGR

Mark S Berset
1050 Friendly Way S
St Petersburg, FL 33705

MGR

Derek S Berset
One Beach Dr SE Suite 230
St Petersburg, FL 33701

AMBR

Kristen Berset
1050 Friendly Way S
St Petersburg, FL 33705

AMBR

Bruce Lucas
9139 Tillinghast Drive
Tampa, FL 33626

AMBR

Andre Serpa
881 E First St Unit 403
Boston, MA 02127

MGR

Gregg Serpa
6602 Seafairer Dr
Tampa, FL 33615

OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

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