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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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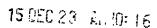
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1/6/16

COVER LETTER

	Registration Section Division of Corporations
	KAB MARKETING, L.L.C.
SUBJEC	Γ: Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	ANTHONY FURINPO
	Name of Person
	Final/Commons
	Firm/Company
	Address
	SEBASTIAN, FL 32958
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	ANTHONY FURINO 772 6336444 at ()
	Name of Person Area Code ' Daytime Telephone Number
Enclosed i	is a check for the following amount:
] \$125.00 F	Siling Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \times \text{\$\subset} \text{\$\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE TO Division of Corporations

December 4, 2015

ANTHONY FURINO 434 GEORGIA BLVD. SEBASTIAN, FL 32958

SUBJECT: AB MARKETING, LLC Ref. Number: W15000078598

We have received your document for AB MARKETING, LLC and your check(s) totaling \$155.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 215A00025491

EFFECTIVE DATE 01/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HITTOLIA	one in all the month on	1 DOIGDILLE	D. C.	_
ARTICLE I - Name:				FILED
The name of the Limited Liabili	ity Company is:			
The hand of the Billion	ity company is:			15 DEC 23 PH 2: 22
W. B.				FOUTARY OF STATE
KAB MARKETING		112.1224 (0	W 1 C 2 - W 1 C 25	· · · · · · · · · · · · · · · · · · ·
(Must end	with the words "Limited	Liability Compar	iy, "L.L.C.," of "LLC.")	LONDA
ARTICLE II - Address:				•
The mailing address and street a	address of the principal o	office of the Limite	d Liability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Addre	<u>ss</u> :
434 GEORGIA BL	VD	43-	4 GEORGIA BLVD	
SEBASTIAN, FL 3			BASTIAN, FL 32958	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registration	on.)	. You must designate an indi	vidual or
	ANTHONY FURIN	•		
		Name	_	
	434 GEORGIA BLV	/D		
	Florida street address (P.O. Box NOT acceptable)			
	SEBASTIAN	FL	32958	
	City	State	Zip	
Having been named as registered	agent and to accept serv. e, I hereby accept the app		he above stated limited liabili	ity company at the

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ANIMACNIA PRIDING
MGR	ANTHONY FURINO
	434 GEORGIA BLVD
	SEBASTIAN, FL 32958
MGR	BENJAMIN FURINO
	434 GEORGIA BLVD
	SEBASTIAN, FL 32958
MGR	KATHLEEN FURINO
	5485 ANTIGUA CIR
	VERO BEACH, FL 32967
	
(Use attachment if necessary)	
LEV: Effective date, if other than	the date of filing: (OPTIONAL)
fective date is listed, the date mu	st be specific and cannot be more than five business days prior to or 90 days
of filing.)	
f the date inserted in this block do	bes not meet the applicable statutory filing requirements, this date will not be li
ument's effective date on the Dep	artment of State's records.
EVI. Other massisions if	
LE VI: Other provisions, if any.	
LE VI: Other provisions, II any.	
LE. VI: Other provisions, if any.	

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

I his 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.

ANTHONY FURINO

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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