

**L1600029783**

**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.

(((H16000035857 3)))



H160000358573ABC2

**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)617-6381

From: Account Name : BUSINESS FILINGS  
Account Number : 105236001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

FILED  
16 FEB 11 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**\*\*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.  
ABA4Kinders LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

FAX AUDIT # H160000358573

16 FEB 11 PM 2:00

**ARTICLES OF ORGANIZATION  
OF  
ABA4Kinders LLC**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the limited liability company is: ABA4Kinders LLC

**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be: 918 SW 9th Street Circle 204, Boca Raton, Florida 33486.

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

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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: \_\_\_\_\_  
Mark Williams, A.V.P. Business Filings Incorporated

Date: February 9, 2016

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Luciette Szasz, 918 SW 9th Street Circle 204, Boca Raton, Florida 33486

FAX AUDIT # H160000358573

FAX AUDIT # H160000358573

ARTICLE V DURATION

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

*Lucy Szasz*  
Lucy Szasz, Organizer

Date: 2/10/16

Authorized Representative

(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.)

FILED  
16 FEB 11 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FAX AUDIT # H160000358573