

LI 60000 87749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

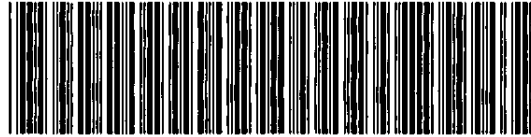
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/16--01022--013 **125.00

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16 MAY -2 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/10/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABBOT HILL REMODELING 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:

LUANN THOMAS

Name of Person

STAMPFLI & THOMAS PA

Firm/Company

5450 SHIRLEY STREET SUITE B

Address

NAPLES, FL 34109

City/State and Zip Code

LUANN@STAMPFLIANDTHOMAS.COM

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

For further information concerning this matter, please call:

LUANN THOMAS

239

631-2157

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

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16 MAY -2 PM 2:52
TALLAHASSEE, FL 32301

EFFECTIVE DATE 04/29/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABBOT HILL REMODELING LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ABBOT HILL REMODELING LLC
5880 SHIRLEY STREET UNIT 201
NAPLES, FL 34109

Mailing Address:

ABBOT HILL REMODELING LLC
5880 SHIRELY STREET UNIT 201
NAPLES, FL 34109

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:

LUANN THOMAS

Name

5450 SHIRLEY STREET SUITE B

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

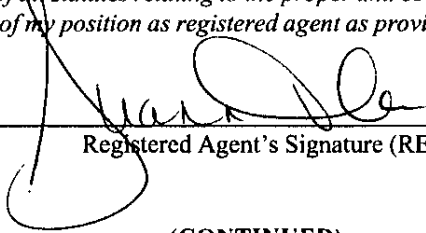
NAPLES, FL 34109

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 50%

MGR 50%

Name and Address:

PETRU SACACIAN

4791 11TH STREET SW

NAPLES, FL 34116

MIRELA L. ROMAN

4568 KEY LARGO LANE

BONITA SPRINGS, FL 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/29/2016 (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.

PETRU SACACIAN

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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TALLAHASSEE, FLORIDA