

LI60000146760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

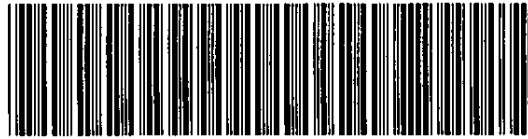
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W/6-53998

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

111

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Abacos Nursery, 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:

Sherry Martin

Name of Person

Abacos Nursery, LLC

Firm/Company

4012 Messina Drive

Address

Lake Mary, FL 32746

City/State and Zip Code

sherrymar10@gmail.com

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

For further information concerning this matter, please call:

Sherry Martin

321

228-6111

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2016

SHERRY MARTIN  
4012 MESSINA DRIVE  
LAKE MARY, FL 32746

SUBJECT: ABACOS NURSERY, LLC  
Ref. Number: W16000053998

We have received your document for ABACOS NURSERY, LLC and your check(s) totaling \$360.00. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00016436



**WOLFE**  
FINANCIAL GROUP

1313 International Parkway  
Suite 1001  
Lake Mary, FL 32746  
407.333.0352  
407.333.0352 fax  
WolfeFG.com

July 25, 2016

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

RE: Abacos Nursery, Inc.  
Abacos Nursery, LLC  
dba Abacos Aquaponics  
dba Abacos Hydroponics

To whom it may concern,

\* Please see the enclosed documents for Abacos Nursery, Inc. and Abacos Nursery, LLC. Ms. Martin is requesting that you please dissolve Abacos Nursery, Inc. and then Organized Abacos Nursery, LLC. She is also requesting that the original fictitious names be canceled from the Inc. and applied with the new LLC as the new owner.

Enclosed is a check for the following applications...

\$35.00 -	Abacos Nursery, Inc. - Articles of Dissolution
\$125.00 -	Abacos Nursery, LLC - Articles of Organization
\$50.00 -	Abacos Hydroponics Fictitious Name Cancellation
\$50.00 -	Abacos Aquaponics Fictitious Name Cancellation
\$50.00 -	Abacos Hydroponics Fictitious Name Application for LLC
\$50.00 -	Abacos Aquaponics Fictitious Name Application for LLC
<u>Total:</u>	<u>\$360.00</u>

Please call me with any questions.

Thank You,

*M.B. Elliott*

Melissa B. Elliott  
Wolfe Financial Group  
407-333-0355 ext. 211

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Abacos Nursery, 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:

Mailing Address:

4012 Messina Drive  
Lake Mary, FL 32746

4012 Messina Drive  
Lake Mary, FL 32746

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:

Sherry Martin

Name

4012 Messina Drive

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

Lake Mary

FL

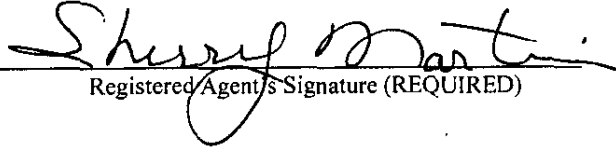
32746

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

AMBR

AMBR

AMBR

**Name and Address:**

Bradley Martin  
4012 Messina Drive  
Lake Mary, FL 32746

Sherry Martin  
4012 Messina Drive  
Lake Mary, FL 32746

Steven Vanos  
4012 Messina Drive  
Lake Mary, FL 32746

(Use attachment if necessary)

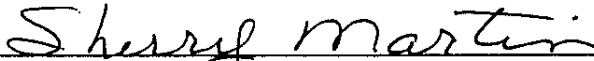
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Sherry Martin

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)