## L16000204401

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. PICK-UP WAIT MAIL
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11/8/16

## **COVER LETTER**

tion Section of Corporations
B Estate Services, LLC
Name of Limited Liability Company
cles of Organization and fee(s) are submitted for filing.
orrespondence concerning this matter to the following:
n Esmaeili
Name of Person
3 Estate Services
Firm/Company
ia de Casas Norte
Address
ton Beach, FL 33426
City/State and Zip Code
EstateServices@gmail.com
E-mail address: (to be used for future annual report notification)
tion concerning this matter, please call:
Esmaeili 561 523-8989
Name of Person Area Code Daytime Telephone Number
ck for the following amount:
See \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}} \end{align*}
Mailing Address Street Address
New Filing Section New Filing Section  Division of Corporations  Division of Corporations

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

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 Con				
A & B Estate Services, LL	С			
(Must end with the	he words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal off	fice of the Lin	nited Liability Company is:	
Principal Off	ice Address:		Mailing Address:	
124 Via de Casas Norte			124 Via de Casas Norte	
Boynton Beach, FL 33426			Boynton Beach, FL 33426	
another business entity with an active	ot serve as its own F Florida registration	Registered Ag	ent. You must designate an individual or	16 4
(The Limited Liability Company cannot another business entity with an active The name and the Florida street address	ot serve as its own F Florida registration as of the registered a	Registered Ag	ent. You must designate an individual or	- AON 91
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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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
fective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
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