L16000209274

(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:
,

Office Use Only



300292133003

16 NOV 15 PH 2: 07

C. GOLDEN NOV 1 6 2016

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

PHONE: (800) 435-93/1; FAX: (800) 800-8395

DATE:

11/15/16

NAME:

ABOB INVESTMENT LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

FILED

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

16 M07 15 Fil 2: 10

ARTICLE I NAME

The name of the Limited Liability Company is:

ABOB INVESTMENT LLC

ARTICLE II ADDRESS

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

2640 W 84TH STREET HIALEAH, FLORIDA 33016

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are: SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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.

TRACY COTTLE / Registered Agent's signature

PAGE 2 ABOB INVESTMENT LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
MARTHA OBREGON
2640 W 84TH STREET
HIALEAH, FLORIDA 33016

AUTHORIZED MEMBER GEORGE ABAY 2640 W 84TH STREET HIALEAH, FLORIDA 33016

MARTHA OBREGON / Authorized Representative's signature

(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.)