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ALACHUA COUNTY, FLORIDA

SEP 21 2017

K. Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Emma K. Abel, 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:

Eric D. Abel, Esq.

Name of Person

Firm/Company

2476 N Essex Ave

Address

Hernando, FL 34442

City/State and Zip Code

ericdabel@hitter.net

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

For further information concerning this matter, please call:

Eric D Abel

352

746-6060

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Emma K. Abel, LLC.

ARTICLE II – Address:

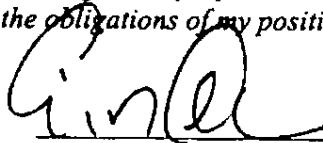
The mailing address and street address of the principal office of the Limited Liability Company is:
2476 N. Essex Ave.
Hernando, Florida 34442

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Eric D. Abel, Esq.
2476 N. Essex Ave.
Hernando, Florida 34442

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

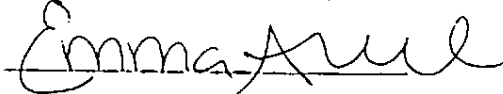
ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Emma K. Abel 2476 N. Essex Ave. Hernando, FL 34442

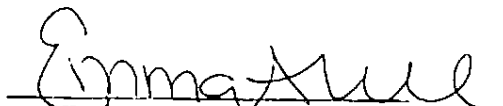
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17 SEP 20 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Emma K. Abel, Member