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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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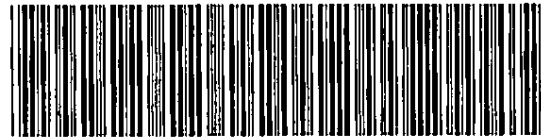
(Business Entity Name)

(Document Number)

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ALLAHASSEE, 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.

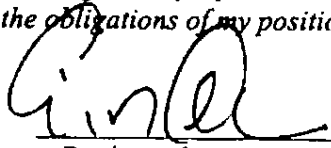
**ARTICLE II – Address:**

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

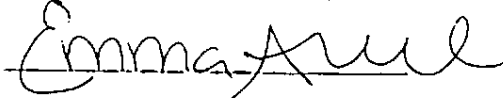
**ARTICLE IV – Manager(s) or Managing Member(s):**

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

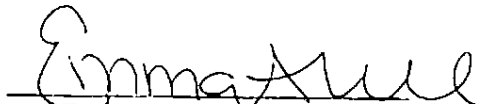
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**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

**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