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(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	10/17/1901001009~**160.00
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COVER LETTER

ABIDE 7 LIWA, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: <u>KURT D. PANDUSES ESQ</u> Name of Person <u>KURT D. PANDUSES P.A.</u> Firm/Company <u>310 FIFTH AUENUE</u> Address <u>JUNIALAMILC FL 32903</u> City/State and Zip Code <u>KURT E PANDUSES LAW.Com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KULT PANNES at 32() 729-9455 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

New Filing Section

Division of Corporations

TO:

SUBJECT:



Mailing Address New Filing Section Division of Corporations P.O. Box 6377 Street Address New Filing Section Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABIDE TLIWA, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
310 FIFTH AVENUE	
INDIALANTIC, EL	
32903	

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:



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 dutics, 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)

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ARTICLE IV-

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

MGR" = Manager	
··	···

ARTICLE V: Effective date, if other than the date of filing: 10 - 15 - 19. (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.)

<u>Note:</u> 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.

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. Image: Ima	REQUIRED	SIGNATURE:	$\langle -$	S		
Image: Contract of Cont		This document is ex I am aware that any	ecuted in accordance false information su	ce with section 605.0 bmitted in a docume	203 (1) (b), Florid nt to the Departme	la Statutes.
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)		,	•			
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