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WALK IN

	PICK	UP:	01/10/2020	0	
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xx	FILING	LLC		• •	
1.	ABS LEASING COMPAN (CORPORATE NAME AND DOCUME		-		
2.	(CORPORATE NAME AND DOCUM	ENT #)			
3.	(CORPORATE NAME AND DOCUM	ENT #)			
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SPECIA INSTRU	AL JCTIONS:				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

ABS Leasing Company, LLC

(Must conatin 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:

1321 Lafayette Blvd, Ste 200

Fredericksburg, VA 22401

1321 Lafayette Blvd, Ste 200 Fredericksburg, VA 22401

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:

Robert F. Stanford

Name

3238 Casseekey Island Rd, Unit 20

Florida street address (P.O. Box NOT acceptable)

Jupiter

FL

11477

City

State

Zip

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..

Registored Agent's Signature (REQUIRED)

(CONTINUED)

2020 Jan 19 69 9:31

	Name and Address: ember
MGR	Robert F. Stanford) 32] Lafsyette Blvd, Ste 200 Fredericksburg, VA 22401
MGR	Amy S. Stanford 1321 Lafayette Blvd. Ste 200 Fredericksburg, VA 22401
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fective date is listed, the da of filling.) I the date inserted in this bl	er than the date of filing:
REQUIRED SIGNATUR	RE:
REQUIRED SIGNATUR	RE: /s/ Robert F. Stanford
Sign This docu	
Sign This docir I am awar constitutes	/s/ Robert F. Stanford nature of a member or an authorized representative of a member. ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes. e that any false information submitted in a document to the Department of State