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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

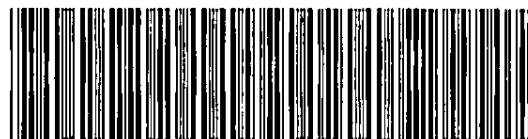
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Special Instructions to Filing Officer:

W19-102687

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RECEIVED
20 JAN 24 PM 1:57
TALLAHASSEE, FLORIDA

D O'KEEFE

JAN 21 2020

1/24/2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2020

CHRISTOPHER A OLESON
11125 SCEPTRE RIDGE TERRACE
GERMANTOWN, MD 20876

SUBJECT: FAB FLORIDA PROPERTIES LLC
Ref. Number: W19000102687

We have received your document for FAB FLORIDA PROPERTIES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PROVIDE A NAME WITH EVERY ADDRESS FOR EACH MANAGING MEMEBER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 120A00000075

20 JAN 24 PM 1:57
TALLHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2019

CHRISTOPHER A OLESON
11125 SCEPTRE RIDGE TERRACE
GERMANTOWN, MD 20876

SUBJECT: FAB FLORIDA PROPERTIES LLC
Ref. Number: W19000102687

We have received your document for FAB FLORIDA PROPERTIES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PRINT THE INFORMATION LEGGIBLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 219A00025014

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fab Florida Properties 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:

Christopher A Oleson

Name of Person

Fab Florida Properties

Firm/Company

11125 Sceptre Ridge Terrace

Address

Germanatown MD 20876

City/State and Zip Code

chriscustomreality@gmail.com

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

For further information concerning this matter, please call:

Lana Oleson

301

335-4880

Name of Person

at (_____) _____

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:

Fab Florida Properties 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:

11125 Sceptre Ridge Terrace
Germantown MD 20876

Mailing Address:

11125 Sceptre Ridge Terrace
Germantown MD 20876

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:

Brett Alvarez

Name

2331 Hinsdale Dr

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

Kissimmee

FL

34741

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 JAN 24, PM 1:57
HINSDALE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Chris Oleson MGR

11125 Seestre Ridge Terrace
Germanstown MD 20876

Ashley Grist MGR

491 Beatty Rd
Springfield PA 19064

Svetlana Oleson MGR

11125 Seestre Ridge Terrace
Germanstown MD 20876

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: 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.

REQUIRED SIGNATURE:



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.

CHRISTOPHER Oleson

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

20 JUN 26 PM 1:57
J. B. HOSSE, Florida