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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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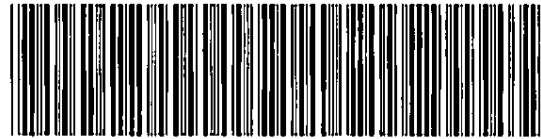
(Business Entity Name)

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JULY 10 2021

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2020 DEC -3 PM 12:54
JULY 10 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Abbate 402, LLC

Signature _____

Requested by: Seth

12/02/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF ORGANIZATION

OF

The undersigned authorized representative hereby forms a limited liability company under the laws of the State of Florida:

ARTICLE I

COMPANY NAME

The name of this company is: Abbate 402, LLC

ARTICLE II

COMMENCEMENT

The existence of the Company shall commence on December 1, 2020, the date of signing hereof, provided that same shall be filed with the Florida Secretary of State within the time authorized by Statute.

ARTICLE III

MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY

The mailing address and the street address of the principal office of the limited liability company is 3925 Shoreside Drive, N. Hutchinson Island, FL. 34949.

ARTICLE IV

REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

Nancy Gauthier
277 Royal Poinciana Way #156
Palm Beach, FL 33480

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ARTICLE V

INITIAL MANAGER

The Initial Manager of the Company shall be:

Dr. Joe Abbate
3925 Shoreside Drive
N. Hutchinson Island, FL. 34949

The Initial Manager shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf, including the authority to execute any instrument transferring, encumbering or in any way involving real property related to the Company.

Notwithstanding the foregoing, the Manager shall have the absolute authority to subcontract any management functions of the Company in his sole and absolute discretion.

ARTICLE VI

DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company or pursuant to Florida Statute §605.

ARTICLE VII

RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §605.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignee of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and

ii) as provided in the Operating Agreement, and

iii) in compliance with any procedure provided for in the Operating Agreement.

c) No interest of any member shall be subject to forced assignment by any court of law.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the Articles of Organization, this 1st day of December 2020 and affirms that the Company has at least one member as of the effective date of these Articles.



Authorized Representative

NOTARY ACKNOWLEDGEMENT TO FOLLOW

]

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 1st day of December, 2020 by NANCY L GAUTHIER as Authorized Representative of the aforesaid Limited Liability Company, who is ☒ personally known to me or who has ☐ produced _____ as identification and who did/did not take an oath.

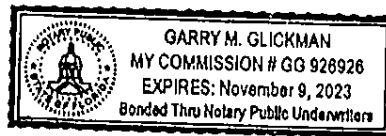
NOTARY PUBLIC:

SIGN

PRINT

STATE OF FLORIDA AT LARGE (SEAL)

MY COMMISSION EXPIRES:



2020 DEC -3 PM 12:54

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Abbate 402, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Nancy L. Gauthier having an address at 277 Royal Poinciana Way #156, Palm Beach, FL 33480 as its agent to accept Service of Process within this State.

ACKNOWLEDGMENT

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.


Nancy L. Gauthier

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 1st day of December, 2020 by Nancy L. Gauthier who is ☐ personally known to me or who has ☐ produced _____ as identification and who did/did not take an oath.


NOTARY PUBLIC - STATE OF FLORIDA

Name: _____
(Type, stamp or print)

