

L21000134646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900363159109

04/01/21--01002--011 ♦\$155.00

FILED  
2021 MAR 31 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

21 MAR 31 AM 3:52

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 3/31 Glinda

**xx** **CERTIFIED COPY**

☐ **PHOTOCOPY**

☐ **CUS**

**xx** **FILING**

LLC

1. **ABICO, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED

2021 MAR 31 PM 12:39

**Articles of Organization  
For  
ABICO, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FL

Florida Limited Liability Company

**ARTICLE I - Name:**

The name of the Limited Liability Company is ABICO, LLC

**ARTICLE II - Address:**

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

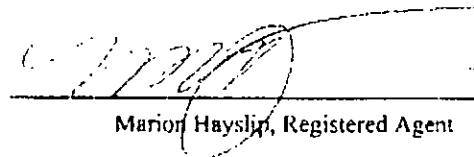
2133 Lawrenceville-Suwanee Rd., Suite 12-457  
Suwanee, GA 30024

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Marion Hayslip  
1110 Santa Rosa Blvd., #A300  
Fort Walton Beach, FL 32541


*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.*

  
3/29/21  
Marion Hayslip, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Marion Hayslip  
1110 Santa Rosa Blvd., #A300  
Fort Walton Beach, FL 32541

  
Carri Brown, Organizer