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(Re	questor's Name)	······································
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

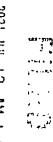


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SECRETARY CESTAS



COVER LETTER

	New Filing Sec Division of Col								
SUBJEC		CONSTRUCTIO							
SOBJEC		N	ame of Lim	ited Liabil	ity Company	· <u></u>			
The enclo	osed Articles of	Organization an	d fee(s) are	submitted	for filing.				
Please re	turn all correspo	ondence concern	ing this ma	tter to the	following:				
	PETER ABA	ARAS							
				Name of	Person				
		·		Firm/Co	ompany				
	2441 STAG	NARO RD					Ś	<u>~</u>	
		-		Addı	ess		Ecri TAL	J21 J	<u> </u>
	NORTH PO	RT FL 34287						F= -==	\$ 10.44 14.44
	ARARASCO	NSTRUCTION(•	id Zip Code		88. 0 X		;
					annual report notification	tion)		AM 1: 07	green The
For further	rinformation co	ncerning this ma	tter, please	eall:			ED (1)	07	
	PETER ABA	RAS	90 at (7	8412673				
	Nam	ne of Person		ea Code	Daytime Telephor	ne Number	_		
Enclosed	is a check for t	he following am	ount:						
	00 Filing Fee	□\$130.00 Fil Certificate of	ing Fee &	Certif	i5.00 Filing Fee & ied Copy ial copy is enclosed)		, -	tus &	ed)
	New F Divisi	ng Address Tiling Section on of Corporatio Box 6327	ns		Street Address New Filing Section I. The Centre of Tallah 2415 N. Monroe Str	iassee			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ABARAS CONSTRUCTION LLC	
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address of the principal offic	ee of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2441 STAGNARO RD	2441 STAGNARO RD
NORTH PORT FL 34287	NORTH PORT FL 34287
The Limited Liability Company cannot serve as its own Re	egistered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Romother business entity with an active Florida registration.)	egistered Agent. You must designate an individual o
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agence of the registered agence.	egistered Agent. You must designate an individual o
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered as PETER ABARAS	egistered Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration.) The name and the Florida street address of the registered as PETER ABARAS	egistered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reamother business entity with an active Florida registration.) The name and the Florida street address of the registered as PETER ABARAS N 2441 STAGNARO RD	egistered Agent. You must designate an individual or gent 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
•	DATE OF A DATE OF A DATE			
AMBR	PETER ABARAS 2441 STAGNARO RD			
	NORTH PORT FL 34287			
	NORTH CALL DE LEGIS			
				
	**			
		<u></u>		
effective date is listed, the date must	he date of filing: (O t be specific and cannot be more than five business da	ys pri <u>or</u> ∰o		
If the date inserted in this block doe	es not meet the applicable statutory filing requirements,	this deterwil	Incath	e lis
cument's effective date on the Depar	rtment of State's records.	グリ	[
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		罗第	2	
CLE VI: Other provisions, if any.		EASS		
CLE VI: Other provisions, if any.		ARY OF		
CLE VI: Other provisions, if any.		HASSEST		
CLE VI: Other provisions, if any.		<u> </u>		
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:		<u> </u>		
REQUIRED SIGNATURE:	May	<u> </u>		
REQUIRED SIGNATURE:	May member or an authorized representative of a me	- T = 1		
REQUIRED SIGNATURE: Signature: This document is	of a member or an authorized representative of a me executed in accordance with section 605.0203 (1) (b).	mber.	12 AF : 07 tes.	
REQUIRED SIGNATURE: Signature: This document is I am aware that an	of a member or an authorized representative of a me executed in accordance with section 605.0203 (1) (b), ny false information submitted in a document to the Dep	mber.	12 AF : 07 tes.	
REQUIRED SIGNATURE: Signature: This document is I am aware that an	of a member or an authorized representative of a me executed in accordance with section 605.0203 (1) (b).	mber.	12 AF : 07 tes.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
REQUIRED SIGNATURE: Signature: This document is I am aware that an constitutes a third	of a member or an authorized representative of a me executed in accordance with section 605.0203 (1) (b), ny false information submitted in a document to the Dep I degree felony as provided for in s.817.155, F.S.	mber.	12 AF : 07 tes.	
REQUIRED SIGNATURE: Signature: This document is I am aware that an	of a member or an authorized representative of a me executed in accordance with section 605.0203 (1) (b), ny false information submitted in a document to the Dep I degree felony as provided for in s.817.155, F.S.	mber.	12 AF : 07 tes.	

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)

COVER LETTER

	Filing Section sion of Corporations						
	ABARAS CONSTRUCTIO	ON LLC					
SUBJECT: _	No	ime of Limited Liab	ility Company				
The enclosed .	Articles of Organization and	d fee(s) are submitte	ed for filing.				
Please return a	ill correspondence concerni	ng this matter to the	following:				
P£	ETER ABARAS						
_		Name o	of Person				
_		Vi/C	·				
		rirm/C	Company				
24 —-	41 STAGNARO RD	4.1	iress				
		Auc	Hess				
N(ORTH PORT FL 34287				<u></u>	<u>2</u>	
AB.	ARASCONSTRUCTION@	•	ind Zip Code		TALL BACE	21 JU	
			annual report notificat	ion)	200	2	6774H
For further infor	mation concerning this mat	ter, please call:			SSE TO		
PE	TER ABARAS	907 at (8412673		ES ES	1:07	ALS:
	Name of Person	Area Code	Daytime Telephor	ie Number	;:r;	7	
Enclosed is a c	heck for the following amo	ount:					
□\$125.00 Fili	ing Fee \$130.00 Fili Certificate of	Status Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certific	0.00 Filin cate of St ed Copy al copy is	tatus &	
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	ıs	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assec et, Suitc 81	O		
	Tallahassee, FL 32314		Tallahassee, FL 3230	כו			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:			
ABARAS CONSTRU	ICTION LLC			
(Must conta	in the words "Limited I	.iability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Lin	nited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addi	ress:
2441 STAGNARO RI			2441 STAGNARO RD	
NORTH PORT FL 34	287		NORTH PORT FL 34287	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an automatic property and the Florida street a	cannot serve as its own ctive Florida registration	Registered Ag n.)	Agent's Signature: ent. You must designate an in	dividual or
	PETER ABARAS			
	The transfer of the transfer o	Name	<u> </u>	
	2441 STAGNARO R	D		
	Florida street address	i (P.O. Box X 0	OT acceptable)	
	NORTH PORT	FL	34287	
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2021 JUL 12 AM 1: 07
SECRETARY OF STATE

ARTICLE IV-

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

"AMBR" = Aut			
"MGR" = Mana	iger	DOTED ADABAC	
AMBR		PETER ABARAS 2441 STAGNARO RD	
		NORTH PORT FL 34287	
 -			
			
(Use attachment	if nameonal		
fective date is list	ted, the date must be	date of filing: (OPTION e specific and cannot be more than five business days prior	r to or 90 day:
Tective date is list of filing.) If the date inserted	ted, the date must be d in this block does n	date of filing: (OPTION e specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date of State's records.	r to or 90 day:
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