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	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
	To: Division of Corporations Fax Number : (550)617-6381	
	From: Account Name : GROSS HOFFMAN, PLLC Account Number : I20010000038 Phone : (561)997-9223 Fax Number : (561)989-8998	
י אי≠ב י י	nter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Email Address: <u>BCLSy &amp; Gh-legol-Corn</u>	re
	FLORIDA LIMITED LIABILITY CO.	
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Electronic Filing Menu Corporate Filing Menu

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## (((H22000060230 3)))

#### COVER LETTER

TO: New Filing Section Division of Corporations

AB211 LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETSY COURANT

Name of Person

GROSS HOFFMAN PLLC

Firm/Company

490 E. PALMETTO PARK ROAD, SUITE 101

Address

BOCA RATON, FL 33432

City/State and Zip Code

BETSY@GH-LEGAL.COM

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

For further information concerning this matter, please call:

AN	DREW (	GROSS	s at (	61	997-9223, EXT.	1	26.06
	Name	ofPerson		ea Code	Daytime Telephon	e Number	ר. ני
Enclosed is a ch	eck for th	e following amou	int:			ţ	 :71
□\$125.00 Filin	ng Fee	S130.00 Filin Certificate of S	0	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
		<u>e Address</u> ling Section		-	Street Address New Filing Section D	ivision	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 ~ `

### (((H220000602303)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### AB211 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:	Mailing Address:
490 E. PALMETTO PARK ROAD, SUITE 101	490 E. PALMETTO PARK ROAD
BOCA RATON, FL 33432	SUITE 101
	BOCA RATON, FL 33432

#### 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:

City	State	Zip
BOCA RATON	FL	33432
Florida street address	; (P.O. Box <u>NOT</u> a	cceptable)
490 E. PALMETTO	PARK ROAD, SUI	TE 101
	Name	
GROSS HOFFMAN	PLLC	

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)

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# (((H220000602303)))

Titl <u>e:</u> "AMBR" – Authorized Member "MGR" = Manager	Name and Address:
<u>_MGR</u>	ANDREW M. GROSS 490 E. PALMETTO PARK ROAD, SUITE 101 BOCA RATON, FL 33432
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E V: Effective date, if other than the settive date is listed, the date must b of filing.)	date of filing: <u>02/14/2022</u> . (OPTIONAL.) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
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