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.

Electronic Filing Cover Sheet

(((H22000082300 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone : (786)615-3057 Fax Number : (786)615-3058

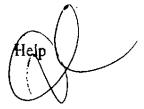
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. ABEROGE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
ABEROGE I	rtc			
(Must cont	ain the words "Limited	Liability Compar	ıy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	office of the Limit	ted Liability Company is:	
Princip	al Office Address:		Mailing Ad	dress:
9910 NW 2ND CT		ı	9910 NW 2ND CT	
PLANTATION, FL 33324			PLANTATION, FL 3332	4
(The Limited Liability Company another business entity with an a The name and the Florida street	etive Florida registrati	on.) d agent are:	n. Tou must designate an	Biolyticali of
	2341 NW 7TH ST			
	Florida street addre	ss (P.O. Box <u>NO</u>	Tacceptable)	
	MIAM	FL	33125	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the part familiar with and accept the ob	. I hereby accept the approvisions of all statutes t	pointment as regis relating to the pro as registered ago	ntered agent and agree to a per and complete perform ant as provided for in Chap mature (REQUIRED)	nct in this capacity. I ance of my duties, and I

Title: "AMBR" = Authorized l	Name and Address:	
"MGR" = Manager	Method	
AMBR	CARLOS MARTIN LOPEZ GOMEZ	
,	9910 NW 2ND CT	_
	PLANTATION, FL 33324	_
		_
		-
		-
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(Use attachment if neces LE V: Effective date, if of fective date is listed, the	ther than the date of filing:) days
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\$ 5.00 Certificate of Status (Optional)