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(Requestor's Name) (Address)	100
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PICK-UP WAIT MAIL	04/
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(Document Number)	
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CAPITAL CONNECTION, INC.

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

ABR AGRO LLC		
		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
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
N		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT	ABR AGRO LLC			
SUBJECT	Name of Limited Liability Company			
The enclose	d Articles of Organization and fee(s) are	e submitted for filing.		
Please retur	n all correspondence concerning this ma	atter to the following:		
	BHARATESH (BOB) PATEL			
		Name of Person		
	ACCOUNTAX SERVICES			
		Firm/Company		
	2323 TOPAZ ISLE LANE			
		Address		
	APOPKA, FL 32712			
τ	C BOB@ACCOUNTAXSERVICE.NET	ity/State and Zip Code		
-		for future annual report notificati	on)	
For further in	formation concerning this matter, please	e call:		
	BHARATESH (BOB) PATEL 40)7 252-4538)		
-		rea Code Daytime Telephon	e Number	
Enclosed is	a check for the following amount:			
■ \$125.00	Filing Fee \$\Bigcup \$\sum \text{\$\sum \text{\$\sin \text{\$\	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR 22 PM 2: 56

ABR AGRO LLC (Must contain the words "Limited Liability ARTICLE II - Address: The mailing address and street address of the principal office of Principal Office Address: 17523 BUCKINGHAM GARDEN DR LETHIA, FL 33547	
The mailing address and street address of the principal office of Principal Office Address: 17523 BUCKINGHAM GARDEN DR	Mailing Address:
17523 BUCKINGHAM GARDEN DR	
	17523 RECKINGHAM GARDEN DR
	LITHIA, FL 33547
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registeranother business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	ered Agent. You must designate an individual or
ACCOUNTAX SERVICES Name	
2323 TOPAZ ISLE LANE	
Florida street address (P.O.	Box NOT acceptable)
APOPKA F	71 32712
City S	tate Zip
laving been named as registered agent and to accept service of pr lace designated in this certificate, I hereby accept the appointmen arther agree to comply with the provisions of all statutes relating to m familiar with and accept the obligations of my position as regis	nt as registered agent and agree to act in this capacity. It to the proper and complete performance of my duties, and tered agent as provided for in Chapter 605, F.S
Registered Ag	gent's Signature (REQUIRED)

(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		
AMBR	ADITYA KULKARNI 17523 BUCKINGHAM GARDEN DE LITHIA, FL 33547	<u> </u>
AMBR	RAHUL MHASKAR 20753 GREAT LAUREL AVENUE TAMPA, FL 33647	
AMBR	BALAJI AGLAVE 2517 PEEKSKILL RD VALRICO, FL 33594	2022,APR 2 SELVINE AP
		2 PH 2:
(Use attachment if necessary)		F.L. 56
(II an effective date is listed, the date must be the date of filing.)	date of filing: e specific and cannot be more than five busing of meet the applicable statutory filing requirement of State's records.	ess days prior to or 90 days after
ARTICLE VI: Other provisions, if any. FOR ANY AND ALL LAWFUL PURPOSE.		
REQUIRED SIGNATURE:	Aditya Kulkarni	
Signature of a This document is ex I am aware that any	member of an authorized representative of ecuted in accordance with section 605.0203 (1 also information submitted in a document to the gree felony as provided for in s.817.155, F.S.) (b), Florida Statutes.
	ADITYA KULKARNI Typed or printed name of signee	

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)