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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
A.B.E CONSTRUCTION, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
2022 MAY 16 PM 3:55
CORPORATION
COMMERCIAL
SERVICES

2022 MAY 16 AM 8:58
FILED
STATE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
A.B.E CONSTRUCTION, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

A.B.E CONSTRUCTION, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**4561 W McNAB RD # 12
POMPANO BEACH, FL 33069**

The mailing address shall be:

**4561 W McNAB RD # 12
POMPANO BEACH, FL 33069**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

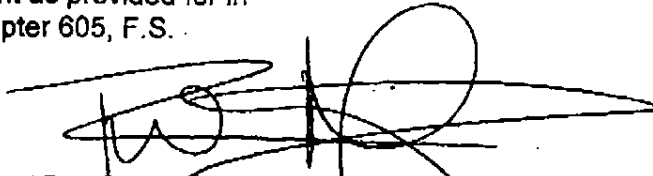
NORMA RODRIGUEZ

**4561 W McNAB RD # 12
Florida Street address (P.O.BOX NOT acceptable)
POMPANO BEACH, FL 33069
City, State, and Zip**

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2022 MAY 16 AM 8:58
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE**

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

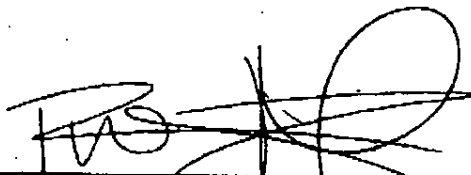
NORMA A. RODRIGUEZ
4561 W McNAB RD # 12
POMPANO BEACH, FL 33069

AMBR

ERLIN DANIEL ESCALANTE ORDONEZ
4561 W McNAB RD # 12
POMPANO BEACH, FL 33069

MANAGER

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STATE OF FLORIDA



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NORMA A. RODRIGUEZ
Typed or printed name of signee