L22000273244

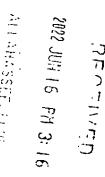
(Reque	stor's Name)	
(Addres	s)	
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(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	





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CORPORATE ACCESS, ____

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			WALK IN
		PICK U	UP: 6/16 DANNY
		CERTIFIED COPY	
-	XX	РНОТОСОРУ	
•		CUS	
	XX	FILING	LLC
1.	-	AB SR TAMPA, LLC (CORPORATE NAME AND DOCUME)	ENT#)
2.		(CORPORATE NAME AND DOCUME	ENT#)
3.		(CORPORATE NAME AND DOCUME)	ENT#)
4.	-	(CORPORATE NAME AND DOCUME!	ENT#)
5.	-	(CORPORATE NAME AND DOCUMEN	ENT#)
6.	-	(CORPORATE NAME AND DOCUME)	ENT#)
	CIAI TRU(CTIONS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	ity Company is:		
AB SR TAMPA, L			
(Must con	ntain the words "Limited Li	ability Company	', "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal offi	ice of the Limite	d Liability Company is:
Princ	ipal Office Address:		Mailing Address:
3301 OAK KNOL	<u> </u>	33(O OAK KNOLL DRIVE
LOS ALAMITOS.	CA 90720	1_O	S ALAMITOS, CA 90720
ARTICLE III - Registered Ap (The Limited Liability Compar another business entity with an The name and the Florida stree	y cannot serve as its own R active Florida registration.	egistered Agent.)	ent's Signature: . You must designate an individual or
	NRAI SERVICES, INC	o.	
	:	Name	
	1200 SOUTH PINE IS	LAND ROAD	
	Florida street address (P.O. Box <u>NOT</u>	acceptable)
	PLANTATION	Fl.	33324

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 diates, 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

Ashley Greene
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)



Title: "AMBR" = Authorized Memb "MGR" = Manager	Same and Address:
SOLE MEMBER	AB SOUTHERN RIDGE LLC 3301 OAK KNOLL DRIVELOS ALAMITOS, CA 90720
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
in effective date is listed, the date n	n the date of filing:
TICLE V: Effective date, if other than effective date is listed, the date is date of filing.) te: If the date inserted in this block	ust be specific and cannot be more than five business days prior to or 90 days after locs not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than effective date is listed, the date is date of filing.) te: If the date inserted in this block document's effective date on the Defeated.	ust be specific and cannot be more than five business days prior to or 90 days after locs not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than offective date is listed, the date is date of filing.)	ust be specific and cannot be more than five business days prior to or 90 days after locs not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than effective date is listed, the date is date of filing.) te: If the date inserted in this block document's effective date on the DeTICLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 days afto locs not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
TICLE V: Effective date, if other than effective date is listed, the date is date of filing.) te: If the date inserted in this block document's effective date on the Defective date.	ust be specific and cannot be more than five business days prior to or 90 days after locs not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
FICLE V: Effective date, if other than effective date is listed, the date in date of filing.) te: If the date inserted in this block document's effective date on the Defice. FICLE VI: Other provisions, if any. REQUIRED SIGNATURE. Signature This document I am aware that	ust be specific and cannot be more than five business days prior to or 90 days after locs not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. DocuSigned by:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)