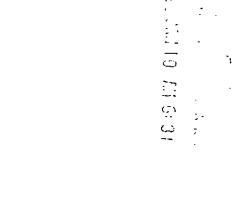
# L23000010838

(Re	equestor's Name)	
(0)	ddress)	
(Al	Jul 622)	
(At	ddress)	
	ity/State/Zip/Phone #)	
(CI	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	rainaga Entitu Nama)	
18)	usiness Entity Name)	
(De	ocument Number)	
out of Capital	C-445	-1 Channa
er fied Copies	Cermicates	or Status
egial Instructions to Fili	no Officer	
Salar mandenona to 1 m	ng Omeer.	
		-

Office Use Only



400400130844







# CAPITAL CONNECTION, INC.

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

ABFR Holdings LL	С	
		A section 1971.
	·	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
Cianatura		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

#### **COVER LETTER**

то:	New Filing Sec Division of Cor			
SUBJEC	-	LDINGS LLC		
SOBJE	<u> </u>	Name of Li	imited Liability Company	
The encl	losed Articles of	Organization and fee(s) a	are submitted for filing.	
Please re	eturn all correspo	ondence concerning this n	natter to the following:	
	MICHAEL 1	FRAUNFELTER		
			Name of Person	
	ABFR HOL	DINGS LLC		
		** *, 4 = = - 11	Firm/Company	
	230 ROYAI	L PALM BEACH BLVD		
			Address	
	ROYAL PA	LM BEACH FL 33411		
			City/State and Zip Code	
		SULTINGGROUP@GM	AIL.COM  ed for future annual report notificat	
For furthe		oncerning this matter, plea	-	,
	MICHAEL F		561 504-5261	
	Nan	ne of Person	Area Code Daytime Telephor	ne Number
Enclose	d is a check for t	the following amount:		
□\$125	.00 Filing Fee	■\$130.00 Filing Fee of Certificate of Status	& \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ng Address Filing Section	Street Address New Filing Section D	
		on of Corporations  Box 6327	The Centre of Tallah 2415 N. Monroe Stre	

Tallahassee, FL 32314

Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mine	NGS LLC		
(14102)	t contain the words "Limited Liab	oility Company, "	'L.L.C.," or "LLC.")
TICLE II - Address:			
mailing address and st	reet address of the principal office	e of the Limited	Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
230 ROYAL P.	ALM BEACH BLVD	230 F	ROYAL PALM BEACH BLVD
	1 BEACH FL 33411		AL PALM BEACH FL 33411
CICLE III - Registere Limited Liability Cor her business entity wi	th an active Florida registration.)	gistered Agent. Y	nt's Signature: You must designate an individual or
TICLE III - Registere e Limited Liability Cor ther business entity wi	npany cannot serve as its own Re	gistered Agent. \	nt's Signature: You must designate an individual or
TICLE III - Registere e Limited Liability Cor ther business entity wi	npany cannot serve as its own Re th an active Florida registration.) street address of the registered ag  MICHAEL FRAUNFEL	gistered Agent. \	nt's Signature: You must designate an individual or
TICLE III - Registere e Limited Liability Cor ther business entity wi	npany cannot serve as its own Re th an active Florida registration.) street address of the registered ag  MICHAEL FRAUNFEL	gistered Agent. \ ent arc: .TER ame	nt's Signature: You must designate an individual or
TICLE III - Registere e Limited Liability Cor ther business entity wi	npany cannot serve as its own Re th an active Florida registration.) street address of the registered ag  MICHAEL FRAUNFEL N	gistered Agent. Y ent arc: .TER ame W BEND	You must designate an individual or
TICLE III - Registere e Limited Liability Cor ther business entity wi	npany cannot serve as its own Re th an active Florida registration.) street address of the registered ag  MICHAEL FRAUNFEL N  19500 WHEELBARRO	gistered Agent. Y ent arc: .TER ame W BEND	You must designate an individual or

Registered Ager's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ROCCO ABATE 9387 BOCA RIVER CIRCLE
	BOCA RATON FL 33434
<del></del>	
	<u> </u>
<del></del>	<u></u>
(If an effective date is listed, the date must be the date of filing.)	late of filing: 1/9/2023 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
REQUIRED SIGNATURE:	

MICHAEL FRAUNFELTER

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)