

C23000383969

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

From:  
Account Name : TAX COUNSEL, PLLC  
Account Number : 120210000011  
Phone : (305)907-5540  
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FLORIDA LIMITED LIABILITY CO.  
ABA & CO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
OF  
ABA & CO, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is ABA & Co, LLC ("Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
9293 Vista del Lago Unit 15A,  
Boca Raton, FL 33428

Mailing Address:  
9293 Vista del Lago Unit 15A,  
Boca Raton, FL 33428

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

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

Carlos Roberto Ledesma Durand  
9293 Vista del Lago Unit 15A,  
Boca Raton, FL 33428

*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. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Carlos Roberto Ledesma-Durand

**ARTICLE IV - MANAGERS OR MEMBERS**

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

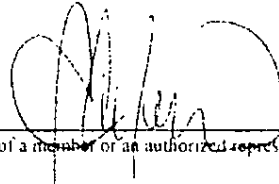
MGR

Carlos Roberto Bohl Ledesma  
9293 Vista del Lago Unit 15A,  
Boca Raton, FL 33428

MGR

Rosario A. Bohl Ledesma  
9293 Vista del Lago Unit 15A,  
Boca Raton, FL 33428

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carlos Roberto Bohl Ledesma

Typed or printed name of signer

90  
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**TALLAHASSEE, FL**

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