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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

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

Email	Address:	_		 	

FLORIDA LIMITED LIABILITY CO. 48 ABP REAL ESTATE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00





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Page: 2 of 3

03/17/2024 11:03 AM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY I ED

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIM		
ARTICLE I - Name: The name of the Limited Liability Company is:		2024 HAR 1	8 AM 9:53
ABP Real Estate Investments, LLC	<u></u>	TALLA	HASSEE, FL
(Must contain the words "Limited Li	iability Com	pany, "L.L.C" or "LLC.")	
ABP Real Estate Investments, LLC (Must contain the words "Limited Li ARTICLE II - Address: The mailing address and street address of the principal off	nce of the Li	mited Liability Company is:	
Principal Office Address:		Mailing Address:	
12064 N Edgewater Drive Palm Beach Gardens, FL 33410		Palm Beach Gardens, FL 33410	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered A	l Agent's Signature: gent. You must designate an individ	ual or
The name and the Florida street address of the registered	agent are:		
Amanda Burden Princ	ce		
	Name		
12064 N Edgewater D	Drive		
Florida street address		NOT acceptable)	
Palm Beach Gardens	FI.	33410	
City	State	Zip	
Having been named as registered agent and to accept service	ce of process	for the above stated limited liability	company at the

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
_	Amanda Burden Prince
AMBR	12064 N Edgewater Drive Palm Beach Gardens FL 33410
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) If the date inserted in this block does no	ate of filing:
ICLE V: Effective date, if other than the date effective date is listed, the date must be	of meet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date, if other than the date of effective date is listed, the date must be ate of filing.) If the date inserted in this block does no locument's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be liste
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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)