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	Email Address: FLORIDA LIMITED ABNY HC Hold		-
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## ARIK LESCEORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

### ARTICLE I - Name:

e

The name of the Limited Liability Company is:

ABNY HC Holdings LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

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

Principal Office Address:	<u>Mailing Address</u> :	
1960 NE 47th Street Suite 100	1960 NE 47th Street Suite 100	
Fort Lauderdale FL 33304	Fort Lauderdate FL 33304	

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Nare	
Suite 100	
(P.O. Box <u>NOT</u> a	cceptable)
FL.	33304
State	Zip
	Suite 100 . (P.O. Box <u>NOT</u> a Fl.

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 oppointment 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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

but firm

Registered Agent's Signature (NELLAH)

## (CONINLED)

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	Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
	AMBR		Karl Pierre
			1960 NE 47th Street Suite 100
			Fort Lauderdale FL 33304
	(Use attachment if nece	ssary)	
A D/11/17 F	F.V. Effective data if a	ther than the date of filing	
lf an effe	ative date is listed, the	date must be specific and	(OPTIONAL) cannot be more than five business days prior to or 90 days a
the date o	of filing.)		
Note: If	the date inserted in this		oplicable statutory filing requirements, this date will not be liste
the docur	ment's effective date on	the Department of State's	records
ARTICL	EVI: Other provisions.	ifany.	
			<u> </u>

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.

Karl Pierre

Typed or printed name of surve

# Filing Fors

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
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