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COVER LETTER

TO: New Filing Section Division of Corporations

AB Marketing Brands LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Basco



1011 E Cumberland Ave #2111

Address

Tampa, FL 33602

City/State and Zip Code amanon Basco 18 @ qmail. com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Basco	at (216	633-8939	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

✓\$130.00 Filing Fee & □
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)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AB Marketing Brands LLC

(Must contain 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:	Mailing Address:
1011 E Cumberland Ave Unit 2111	1011 E Cumberland Ave Unit 211
Tampa, FL 33602	Tampa, FL 33602

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:

Registered Agents Ir	C		
	Name		
7901 4th St N		STE 300	
Florida street addres	is (P.O. Box <u>N</u>	OT acceptable)	
St. Petersburg	FL	33702	
City	State	Zip	

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.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR and MGR	Amanda Basco 1011 E Cumberland Ave Unit 2111 Tampa, FL 33602

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida S iformation submitted in a document to the Department of slony as provided for in s.817.155. F.S.	latutes. of State
. –	MASCO	
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\$ 30.00 Certified Copy (Optional)		
\$ 5.00 Certificate of Status (Optional))	,
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