5024 Swellenak Pr 4 CODODO 1 7 StO 1 D 4 -03/04/95--01018--005 \*\*\*\*285.00 \*\*\*\*285.00 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. About But Buds LC (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Mail out Will wait Photocopy Director

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OF THE PORT OF T Certificate of Status AMENDMENTS TATNEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION: Annual Report Foreign. Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLES I - Name:** 

The name of the Limited Liability Company is:

## Abony Bail Bonds LC

**ARTICLES II - Address:** 

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

3800 S. John Young Pkwy Ste. B Orlando FL 32839

**ARTICLES III - Duration:** 

The period of duration for the Limited Liability Company shall ba:

30 years

ARTICLES IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the names(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Nola Ailen 3800 S. John Young Pkwy, Ste. B, Orlando FL 32839

☐ The Limited Liability Company is to	be managed	by the r	nembers	and th	e names(s)
and address(es) of the managing member	(s) is/are:				

ARTICLES V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members have the right to admit additional member with the unanimous vote of the remaining members.

**ARTICLE VI-Members Rights to Continue Business:** 

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurance of any other event which terminates the continued membership of a member in the limited liability company.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of	
Abony Bull Bonds LC	deposes and says:
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is \$200,0	00
3) if any, the agreed value of property other than cash contributed by memb \$0.00 A description of the property is attached and	er(s) is I made a part hereto.
4) the total amount af cash or property anticipated to be contributed by mem \$\frac{200.00}{200.00}\$. This total includes amounts from 2 and 3 at	ber(s) is bove.
Nota Ailen, Manager  Signature of a member or authorized representative of a me  (In accordance with section 608.408(3), Florida Statutes, the execution of this constitutes as affirmation under the penalties of perjury that the facts stated here	mber, affidavit ein are true.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1. The name of the lin	nited liability company	is:		HANNEY SELECTION TO SELECTION OF THE PERSON		J.
·	Ab	ony Bail Bonds LC		E. P.	PH 2: 02	, 450 )
				ORIUH ORIUH	N N	
2. The name and addr	ess of the registered age	ent and office is:		r	:	
				*** ***.		
·		Nola Allen				
· ·		Name	1			
	3800 S. Jo	hn Young Pkwy. S	ite. B			
•		O. Box not acceptable		: .		
	Orl	ando FL 32839	•			
		City/State/Zip				
stated limited liability c the appointment as reg comply with the provis of my duties, and I an agent.	is registered agent and ompany at the place of istered agent and agressions of all statutes relin familiar with and according to the statutes of a statutes and according to the statutes and according to the statutes are statuted as a statute and according to the statute and ac	lesignated in this c e to act in this ca ating to the prope	certificate, I spacity. I fu r and complet	hereby ac rther agre te perform	ccept e to ance	
Nola Allen	da allen	<u>/</u>	2-2	8-96 Date)		
(Si	gnature)	<del></del>	()	Date)		_