Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR -7 PM 2: 03

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	1. The name of the limited liability company is:					
	Abrams Group Construction, LLC					
	This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)					
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:					
3.	The limited liability company is organized under the laws of Florida					
4.	. The date of its organization is					
5.	The period of duration of the limited liability company is (if perpetual, so state) Perpetual					
6.	6. The address of the limited liability company's resident agent in Rh	ode Island is:	-			
	450 Veterans Memorial Parkway, Suite 7A	East Providence	, RI	02914		
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)		
	and the name of the resident agent at such address isNational			ed Agents, Inc	. .	
		(Name of Age	ent)			
7.	The secretary of state is appointed the agent of the foreign limit time there is no resident agent or if the resident agent cannot be diligence.	ed liability company fo found or served followi	or service of ing the exerc	process if at any ise of reasonable		
8.	The address of any office required to be maintained in the stat limited liability company is organized is:	e or other jurisdiction	under the l	aws of which the		
		FI	LEDC			
9.	9. The mailing address for the limited liability company is:	APR (0 7 2015			
	3645 Highway 90, Pace, FL 32571	BY_ Cu	- 27	1884		
			2:0			

Form No. 450 Revised: 07/12

10.		Management of the Limited Liability Company (check one only):			
A. The limited liability company is to be managed by its members. (If you have checked this box No. 11 DO NOT LIST ANY NAMES IN SECTION B.)					
		<u>or</u>			
	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filling of these Articles of Organization, state the name and address of each manager.)				
		<u>Manager</u>	<u>Address</u>		
	William S. Abrams II		3210 St. Andrews Drive, Pace, FL 32571		
	Jocelyn C. Abrams		3210 St. Andrews Drive, Pace, FL 32571		
	aut	thorized officer of the jurisdiction under	ficate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.		
		n Filing	.		
		(not prior to, nor more than 3	Under penalty of perjury, I declare and affirm that I have examined this		
Date	: <u>-</u>	4/06/2016	Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct. Abrams Group Construction, LLC Print Exact Name of Limited Liability Company Making Application By		
			Signature of Authorized Person		

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State of Florida Department of State

I certify from the records of this office that ABRAMS GROUP CONSTRUCTION LLC is a limited liability company organized under the laws of the State of Florida, filed on August 25, 2005.

The document number of this limited liability company is L05000084171.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, that its most recent annual report was filed on January 11, 2016, and that its status is active.

Given under my hand and the Great Scal of the State of Florida at Tallahassee, the Capital, this the Twenty-fourth day of March, 2016



Ken Diffin Secretary of State

Tracking Number: CU1713845266

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

