

L15000118094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

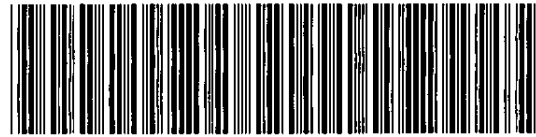
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400273345864

07/16/15--01001---009 **155.00

RECEIVED
DEPARTMENT OF STATE
15 JUL 15 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 15 PM 3:50

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allegiant Consulting & Management Services 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:

William E. Darrell

Name of Person

Allegiant Consulting & Management Services LLC

Firm/Company

2149 Harriet Drive

Address

Tallahassee FL 32303

City/State and Zip Code

inquiry@allegiantcms.com

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

For further information concerning this matter, please call:

William E. Darrell

Name of Person

at (443) 987-4469

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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allegiant Consulting & Management Services 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:

2149 Harriet Dr
Tallahassee, FL 32303

Mailing Address:

PO Box 180731
Tallahassee, FL 32318

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:

William E. Darrell
Name
2149 Harriet Drive
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
City 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 15 PM 3:50

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

William E. Darrell
2149 Harriet Drive
Tallahassee, FL 32303

Susan G. Darrell
2149 Harriet Drive
Tallahassee, FL 32303

(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.)

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

William E. Darrell

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 15 PM 3:50

RECEIVED
FILED

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)