

L03000039306

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Allris Properties LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

JB
10-14-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name

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The name of the Limited Liability Company is: **Allris Properties LLC**

ARTICLE II - Address

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

**4119 Middle River Terrace
Ellenton, FL 34222**

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature

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

Mischia Dansak

Name

4119 Middle River Terrace

(P.O. Box or Mail Drop Box NOT Acceptable)

Ellenton, FL 34222

(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 608, F.S.


Registered Agent's Signature - **Alla Levin**

ARTICLE IV - Management (Check box if applicable)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

**Alla Levin - (Managing Manager)
4119 Middle River Terrace
Ellenton, FL 34222**


Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alla Levin

Typed or printed name of signee

AND
FILED
03 OCT 14 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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