

L04000010746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

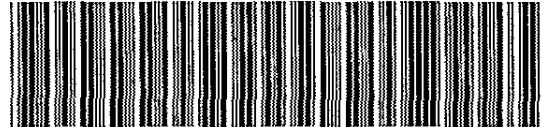
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓ D. WHITE FEB - 4 2004

33/8

Office Use Only



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01/26/04--01010--004 **87.50

02/17/04--01006--001 **72.50

FILED
04 FEB 17 PM 12:43
TALLAHASSEE, FLORIDA

FF \$125
cc/cus 35

Joanne Flanagan
Allow Me, LLC
4637 Hammock Circle
Delray Beach, FL 33445
561-306-9064

February 10, 200~~7~~

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Dale White

Re: Incorrect Papers Filed
Allow Me

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04 FEB 17 PM 12:43
TALLAHASSEE, FLORIDA

Dear Ms. White,
Enclosed please find the Articles of Organization which are the proper papers filed for the L.L.C. company referenced above. I have also submitted a copy of the check that I submitted with the corporation papers along with a check for the difference of the filing fee. Please let me know if there is any further information you need.

I apologize for any inconvenience this may have caused you.

Thank you,


JOANNE FLANAGAN

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allow Me L.L.C.
(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:

Joanne Flanagan
(Name of Person)

Allow Me, L.L.C.
(Firm/Company)

4637 Hammock Circle
(Address)

DelRay Beach, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Flanagan (561) 306-9064
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allow Me, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4637 Hammock Cir.
DelRay Beach, FL
33445

Mailing Address:

4637 Hammock Cir
DelRay Beach, FL
33445

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Joanne Flanagan
Name

4637 Hammock Circle
Florida street address (P.O. Box **NOT** acceptable)

DelRay Beach FLORIDA 33445
City, State, and 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, Florida Statutes..

Joanne Flanagan
Registered Agent's Signature

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04 FEB 17 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Joanne Flanagan
4637 Hammock Cir
DelRay Beach, FL 33446

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Joanne Flanagan
Signature of a member or an 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.)

Joanne Flanagan
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)