

L04000024350

(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



900030718849

03/19/04--01046--011 **160.00

04 MAR 19 PM 1:51

CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

03/31/04

lp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALAN INSTALLS, 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:

ALAN T. SCHMIDT
(Name of Person)

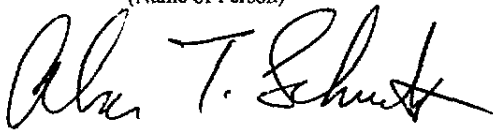
ALAN INSTALLS, LLC
(Firm/Company)

17732 LONGPOINT DR
(Address)

REDINGTON SHORES, FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN SCHMIDT at (727) 385-0127
(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

06 APR 19 PM 1:51
CLERK OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALAN INSTALLS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

17732 LONGPOINT DR

SAME

REDINGTON SHORES, FL

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

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

ALAN T. SCHMIDT

Name

17732 LONGPOINT DR.

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


REDINGTON SHORES

FLORIDA 33708

City, State, and Zip

04 MAR 19 PM 1:51
DIVISION OF STATE
CORPORATIONS

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..


Registered Agent's Signature

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:

MGRM

ALAN SCHMIDT

17732 LONGPOINT DR


REDINGTON SHORES, FL 33708

(Use attachment if necessary)

04 MAR 19 PM 1:51
DIVISION OF CORPORATIONS

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

REQUIRED SIGNATURE:

X 
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.)

ALAN T. SCHMIDT

Typed or printed name of signee

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)