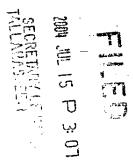
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: MICHAEL J ALLEN LAYOUTS		
(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:		
$\mathcal{M}_{\text{const}}$ 1 $\mathcal{M}_{\text{const}}$		
MICHAEL J ALLEN SR (Name of Person)		
(Addite of Ferson)		
MICHAEL J ALLEY LAYOUTS (Firm/Company)		
(Firm/Company)		
15314 82ND ST N	E S	<del>Z</del>
(Address)		
	AZZ F	-
LOXAHATCHEE FL 33470 (City/State and zin Code)		, ,
(City/State and Zip Code)		U 🖁
For further information concerning this matter, please call:		
•	•	<b></b>
MICHAEL J ALLEN SR at (561) 329-2420	>	
(Name of Person) (Area Code & Daytime Telephone Numb	er)	

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLON LAYOUTS, LLC

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Offic	e Address:	Mailing Address:
15314 82	HEE, FL 33470	15314 82ND STN LOXAHATCHER FL 30
LOXAHATC	HEE, FL 33470	LOXAHATCHES FL 30
		ECRE J
		TAR Ass
ARTICLE III -	Registered Agent, Registered (	Office, & Registered Agent's Signature
	Registered Agent, Registered one Florida street address of the regions.	Office, & Registered Agent's Signature gistered agent are:
	ne Florida street address of the re	Dffice, & Registered Agent's Signature gistered agent are:
	ne Florida street address of the re	Dffice, & Registered Agent's Signature gistered agent are:
	MICHAEL JA Name  15314 82 ND 5	Office, & Registered Agent's Signature gistered agent are:
	ne Florida street address of the re	Office, & Registered Agent's Signature gistered agent are:

Page 1 of 2 (CONTINUED)

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..

ARTICLE IV- Manager(s) or Managi The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MICHAEL S ALLEN SR 15314 82ND ST N LAXAHATCHEE, RC 33470
	ZION JUL SECRE A
(Use attachment if necessary)	EX S D 3.0
	e added if an effective date is requested.
REQUIRED SIGNATURE:	Ma SR
(In accordance with section 608.	_
Typed or pri	inted 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)