

L04 0000 59458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

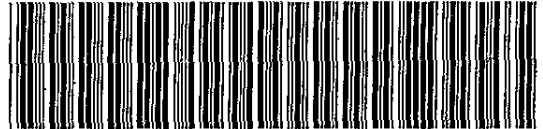
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*Shu
cust*



400039861444

08/09/04--01050--022 **125.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

04 AUG -9 PM 12:05

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FinAlli 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

Steve Allison
(Name of Person)

FinAlli Management Services, LLC
(Firm/Company)

9848 Pine Island Rd
(Address)

Clermont, FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Allison at (352) 242-1486
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
04 AUG - 9 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Total \$ 125.00

**ARTICLES OF ORGANIZATION
FOR**

FinAlli Management Services, LLC

**ARTICLE I
LIMITED LIABILITY COMPANY NAME**

The name of the limited liability company shall be FinAlli Management Services, LLC.

**ARTICLE II
PRINCIPAL OFFICE**

The principal office of the limited liability company in the State of Florida shall be located in Clermont, County of Lake. The mailing address shall be 9848 Pine Island Road, Clermont, Florida, 34711.

**ARTICLE III
REGISTERED AGENT**

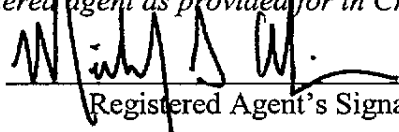
The street address and name of the initial registered office of the limited liability company is:

Michael S. Allison

9848 Pine Island Road

Clermont, Florida, 34711

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

FILED
AUG - 9 PM 12:05
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

**ARTICLE IV
MANAGING MEMBER**

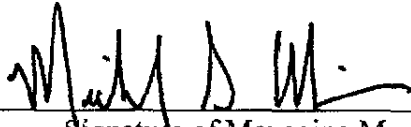
The name and address of each Managing Member is as follows:

Title:

Name and Address:

MGRM

Michael S. Allison
9848 Pine Island Road
Clermont, FL 34711



Signature of Managing Member

8-5-04

Date

04 AUG -9 PM 12:05

SEAL
TALLAHASSEE
FLORIDA

FILED

(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.)

MICHAEL S. ALLISON

Printed name of signee