

L05000019256

(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



700046854787

02/24/05--01028--006 **125.00

FILED
05 FEB 24 PM 12:39
TALLAHASSEE, FLORIDA

2-25-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REUNITED BAGGAGE 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:

RAYMOND ALLEN

(Name of Person)

ARK CLEANING SERVICES INC

(Firm/Company)

P O Box 135641

(Address)

CLERMONT FLORIDA 34713

(City/State and Zip Code)

For further information concerning this matter, please call:

RAYMOND ALLEN

(Name of Person)

at (321) 624-4025
(Area Code & Daytime Telephone Number)

SECRET
TALLAHASSEE, FLORIDA

05 FEB 24 PM 12:39

FILED

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|---|---|

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

REUNITED BAGGAGE SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

426 SUMMER PLACE LOOP
CLERMONT
FLORIDA 34711

Mailing Address:

P O BOX 135641
CLERMONT
FLORIDA 34713

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

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

KAREN ALLEN
Name
426 SUMMER PLACE LOOP
Florida street address (P.O. Box NOT acceptable)
CLERMONT FL 34711
City, State, and Zip

FILED
05 FEB 24 PM 12:39
TALLAHASSEE, FLORIDA
STATE

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..

Karen Allen
Registered Agent's Signature

(CONTINUED)

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

RAYMOND ALLEN
426 SUMMER PLACE LOOP
CLEMMONT FLORIDA 34711

MGRM

RICHARD BRAITHWAITE
2535 HAMLET LANE
KISSIMMEE FLORIDA 34761

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

BNL

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.)

RAYMOND ALLEN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
05 FEB 24 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA