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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Robert W. Allen 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:
Robert W. Aller Jr. (Name of Person)
(Firm/Company)
1620 Cherry Hill LN. (Address)
Tallahassee FL 52312 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call: AR AS OS AR AR AR AR AR AR AR AR AR A
at()
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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	
Robert W.	Allew LLC
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1620 Charyfill Ln. Inllahares Ft. 32312	1620 Cherry Hill La. Tallahasser FL. 32312
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Robert W. Alle	w Ir.
Name	,
1670 Cherry 1	dress (P.O. Box <u>NOT</u> acceptable)
Tallahasszz City, State,	FL 3 Z 3/Z
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and Lam familiar with the egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert W Allew Jr. 1620 Cherry Hill Ln. Tallahassez FL. 32312

(Use attachment if necessary)	
•	added if an effective date is requested.
Fall W. Signature of a member of	an authorized representative of a member.
of this document constitute that the facts stated herei	Allen Jr.
Filing Fees: \$125.00 Filing Fee for Articles of Organize of Registered Agent	ASSEE OF THE STATE
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	52)RID)