

LOS 0000 30469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

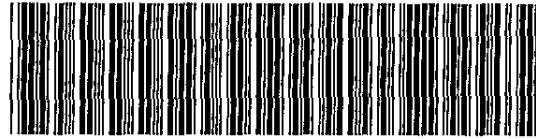
(Business Entity Name)

(Document Number)

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LOS-30469  
JK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fontela ALLEN INVESTMENTS, 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:

Lucia P. Fontela  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

9567 LEE REEVES ROAD  
(Address)

Tallahassee, FL 32309-4052  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROGER FONTELA at (850) 422-3345  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

SECRET  
TALLAHASSEE  
2001 JUN 28 PM 12:30

**ARTICLES OF ORGANIZATION  
OF  
FONTELA ALLEN INVESTMENTS, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, certify that we have associated ourselves together for the purpose of forming a limited liability company under the laws of the State of Florida as follows:

**ARTICLE I  
Name**

The name of the Limited Liability Company is **Fontela Allen Investments, LLC.**

**ARTICLE II  
Address**

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

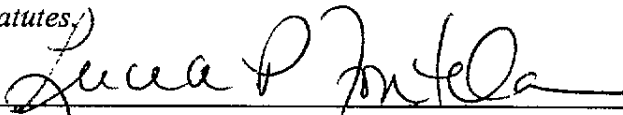
9567 Lee Reeves Road  
Tallahassee, Florida 32309-4052

**ARTICLE III  
Registered Agent, Registered Office & Registered Agent's Signature**

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

**Lucia P. Fontela**  
9567 Lee Reeves Road  
Tallahassee, Florida 32309-4052

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
**Lucia P. Fontela, Registered Agent**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 28 2010 10:30

**ARTICLE IV**  
**Manager(s) or Managing Member(s):**

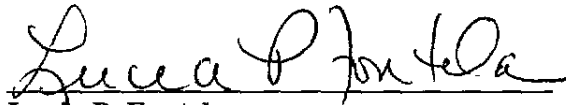
The name and address of each Manager or Managing Member is as follows:

**Lucia P. Fontela, Manager**

9567 Lee Reeves Road  
Tallahassee, Florida 32309-4052

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this  
21<sup>st</sup> day of March, 2005.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE  
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER  
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



**Lucia P. Fontela**

Authorized Representative of the Member

2005 MAR 23 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 MAR 23